

# Healthcare Transformation Collaboratives Cover Sheet



**1. Collaboration Name:** Ideal State Collaborative

**2. Name of Lead Entity:** Memorial Hospital Association

**3. List All Collaboration Members:**

Memorial Hospital

Quincy Physician & Surgeon Clinic DBA Quincy Medical Group

**4. Proposed Coverage Area:** West Central Illinois

**5. Area of Focus:** Behavioral health, increased access to care for preventive services, primary care, and specialty care

**6. Total Budget Requested:** \$31,144,068.97



### **Ideal State Collaborative**

Prepared by Memorial Hospital Association  
for Department of Healthcare and Family Services Healthcare Transformation Collaboratives

**Primary Contact: Ada Bair, CEO Memorial Hospital**

## Opportunity Details

### Opportunity Information

Public Link

<https://il.amplifund.com/Public/Opportunities/Details/25595216-6cc7-40f0-9aa5-0b550dddc17c>

### Question Submission Information

Question Submission Open Date

10/01/2021 12:00 AM

Question Submission Close Date

10/15/2021 11:59 PM

Question Submission Email Address

HFS.Transformation@illinois.gov

Question Submission Additional Information

**1. CONSIDER THE HTC INSTRUCTIONS GUIDE REQUIRED READING FOR HOW TO COMPLETE THE HTC APPLICATION.**

Please read the HTC Application Instructions guide thoroughly, from beginning to end, before beginning your application. These instructions clear up many potential sources of confusion and provide instructions that are essential for submitting a complete and viable HTC application.

In this resource, we provide videos and slides for navigating the HTC application in Amplifund and instructions for completing specific sections of the application. (e.g., how to fill out a budget).

We also provide additional information about the content of the application to help you understand what HFS is looking for in an effective application.

The HTC Application Instructions Guide can be found at this address:

<https://www2.illinois.gov/hfs/HealthcareTransformation/Documents/HTCApplicationInstructionsGuide.pdf>

For a brief checklist to keep your application on track, navigate to <https://www2.illinois.gov/hfs/Pages/htcappinfo.aspx> and find a link.

**2. QUESTIONS ABOUT HTC AND THE SUBSTANCE OF THE APPLICATION ARE DUE BETWEEN OCTOBER 1 AND OCTOBER 15.**

Questions seeking clarity on the HTC program and the substance of the application (as opposed to technical questions) should be sent to [HFS.Transformation@illinois.gov](mailto:HFS.Transformation@illinois.gov). Questions are due before 11:59 pm on October 15, 2021. Answers will be published on the FAQ Page of the HTC website (<https://www2.illinois.gov/hfs/Pages/htcfaqs.aspx>).

HFS will answer questions as soon as possible. Interested parties should regularly check for new questions and answers at the FAQ web address listed above.

For more information about HTC and the application, you may also consult the September 30 informational webinar video and slide presentation, as well as the many resources available to support you in your application. All of these resources are located at the HTC Application Information page (<https://www2.illinois.gov/hfs/Pages/htcappinfo.aspx>).

**3. AMPLIFUND WILL RESPOND WITHIN 2 HOURS TO ALL TECHNICAL SUPPORT QUESTIONS.**

If you are having technical difficulties with Amplifund, you may email your question to [support@il-amplifund.zendesk.com](mailto:support@il-amplifund.zendesk.com) or call 216-377-5500, though callers to this number will likely be directed to the online system. Amplifund guarantees responses to support requests within two hours of questions submitted during business hours.

You may also consult the Amplifund customer support website at <https://il-amplifund.zendesk.com>. At this site, you may submit support tickets and access instructional content. Access to this site requires registration of a new account specifically with the Amplifund Zendesk site.

For a general overview of how to submit an application using Amplifund, you may access a tutorial video provided by Amplifund here: <https://il-amplifund.zendesk.com/hc/en-us/articles/360053747153-Introduction-to-the-Applclicant-Portal>

### Additional Information

Additional Information URL

<https://www2.illinois.gov/hfs/Pages/htcappinfo.aspx>

Additional Information URL Description

Please refer to the Application Information page of the Healthcare Transformation Collaboratives website for all information related to the application process.

For information about the program, visit [htc.illinois.gov](http://htc.illinois.gov).

## Project Information

### Application Information

Application Name

**Ideal State Collaborative**

Award Requested

**\$31,144,069.00**

Cash Match Requirement

**\$0.00**

Cash Match Contributions

**\$63,998,055.00**

In-Kind Match Requirement

**\$0.00**

In-Kind Match Contributions

**\$0.00**

Other Funding Contributions

**\$57,702,866.00**

Total Award Budget

**\$152,844,990.00**

### Primary Contact Information

Name

**Ada Bair, CEO Memorial Hospital**

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Phone Number

**217-357-8562**



## Project Description

### 0. Start Here - Eligibility Screen

#### HELP AND SUPPORT INFORMATION

##### *If you need help or have a question:*

- For guidance on this form, consult the [HTC Application Instructions resource](#).
- If you have a question about the subject matter of the application, email [HFS.Transformation@illinois.gov](mailto:HFS.Transformation@illinois.gov) before October 15. Questions will not be taken after that date. Check for answers at the [HTC FAQs page](#), which will be updated continuously between October 1 and October 15.
- If you need technical support in Amplifund, email [support@il-amplifund.zendesk.com](mailto:support@il-amplifund.zendesk.com) with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.
- If you'd like to consult support resources provided by Amplifund: Visit the vendor's [support website](#) for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.

#### Eligibility Screen

Note that applications cannot qualify for funding which:

1. fail to include multiple external entities within their collaborative (i.e. entities not within the same organization); or,
2. fail to include one Medicaid-eligible biller.

Does your collaboration include multiple, external, entities?

- ☒ Yes  
☐ No

Can any of the entities in your collaboration bill Medicaid?

- ☒ Yes  
☐ No

Based on your responses to the two questions above, your application meets basic eligibility criteria. You may proceed to complete the remainder of the application.

**When you're finished answering the questions on this page, click [Mark as Complete](#). An application cannot be submitted until all pages are marked as complete.**

Not finished with this page yet? Click [Save](#) or [Save & Continue](#) to fill out the missing information at a later time.



have to be compiled into a single PDF file.)

2020 Completed 990 90417 Memorial Hospital Association And Affiliates Public Disclosure

## Participating Entities

### Note on the centrality of collaborations to HTC:

Glossary of Key Terms - [Download Here](#)

*We believe that to truly transform health, patients' physical health, behavioral health and social needs must be addressed in a coordinated way within their community. Given this, we are looking for collaborations that represent a broad and meaningful spectrum of the healthcare, behavioral health and social determinants of health delivery system at the community-level.*

Form 1 Glossary of Key Terms.pdf

*Please answer the following questions regarding the various entities that would comprise your collaborative.*

1. Are there any primary or preventative care providers in your collaborative? *If you are unfamiliar with any key terms on this form, consult the glossary linked below*

- ☒ Yes  
☐ No

1A. Please enter the names of entities that provide primary or preventative care in your collaborative.

Memorial Hospital Association

Quincy Medical Group

2. Are there any specialty care providers in your collaborative?

- ☒ Yes  
☐ No

2A. Please enter the names of entities that provide specialty care in your collaborative.

Memorial Hospital Association

Quincy Medical Group

3. Are there any hospital services providers in your collaborative?

- ☒ Yes  
☐ No

**Note: HFS is seeking to know in which MCO networks each hospital in your collaborative participates.**

3A. Please enter the name of the first entity that provides hospital services in your collaborative.

Memorial Hospital Association

3B. Which MCO networks does this hospital participate in?

- ☒ YouthCare  
☒ Blue Cross Blue Shield Community Health Plan  
☐ CountyCare Health Plan (Cook County only)  
☒ IlliniCare Health  
☒ Meridian Health Plan (Former Youth in Care Only)  
☐ Molina Healthcare

3C. Are there any other hospital providers in your collaborative?

- ☐ Yes  
☒ No

4. Are there any mental health providers in your collaborative?

- ☒ Yes  
☐ No

4A. Please enter the names of entities that provide mental health services in your collaborative.

Memorial Hospital Association

Quincy Medical Group

5. Are there any substance use disorder services providers in your collaborative?

- ☒ Yes  
☐ No

5A. Please enter the names of entities that provide substance abuse disorder services in your collaborative.

Memorial Hospital Association

6. Are there any social determinants of health services providers in your collaborative?

- ☒ Yes  
☐ No

6A. Please enter the names of entities that provide social determinants of health services in your collaborative.

Memorial Hospital Association

Quincy Medical Group

7. Are there any safety net or critical access hospitals in your collaborative?

- ☒ Yes  
☐ No

7A. Please list the names of the safety net and/or critical access hospitals in your collaborative.

Memorial Hospital Association

8. Are there any entities in your collaborative that are either certified by the Illinois Business Enterprise Program (BEP) or not-for-profit entities that that are majorly controlled and managed by minorities?

- ☐ Yes  
☒ No

9. Please list the Medicaid-eligible billers (firms that can bill Medicaid for services) in your collaborative, and the Medicaid ID for each.

Memorial Hospital Association - Medicaid ID 37-0684691001

Quincy Medical Group - there are multiple Medicaid ID's due to each physician having their own Medicaid ID number

10. Below are high-level descriptions of project types that appeared in the Transformation funding statute. Check any that apply to your project; if none apply, please provide a brief description of what kind of entities comprise your collaboration. (This question is informational only and will not affect your eligibility).

- ☐ Safety Net Hospital Partnerships to Address Health Disparities  
☐ Safety Net plus Larger Hospital Partnerships to Increase Specialty Care  
☒ Hospital plus Other Provider Partnerships in Distressed Areas to Address Health Disparities (led By Critical Area Hospitals, Safety Net Hospitals or other hospitals in distressed communities)  
☒ Critical Access Hospital Partnerships (anchored by Critical Area Hospitals, or with Critical Area Hospitals as significant partners)  
☐ Cross-Provider Care Partnerships Led By Minority Providers, Vendors, or Not-For-Profit Organizations  
☐ Workforce Development and Diversity Inclusion Collaborations  
☐ Other

10A. If you checked, "Other," provide additional explanation here.

The Ideal State Collaborative serves over 400,000 patients and spans across eight Illinois counties: Adams, Hancock, McDonough, Brown, Pike, Scott, Mason, Schuyler . See Exhibit 1.0

[10A. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

001.IL County Map

**When you're finished answering the questions on this page, click [Mark as Complete](#). An application cannot be submitted until all pages are marked as complete.**

Not finished with this page yet? Click [Save](#) or [Save & Continue](#) to fill out the missing information at a later time.

## 2. Project Description

### HELP AND SUPPORT INFORMATION

**Note on work process:** We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

**If you need help or have a question:**

- For guidance on this form, consult the [HTC Application Instructions resource](#).
- If you have a question about the subject matter of the application, email [HFS.Transformation@illinois.gov](mailto:HFS.Transformation@illinois.gov) before October 15. Questions will not be taken after that date. Check for answers at the [HTC FAQs page](#), which will be updated continuously between October 1 and October 15.
- If you need technical support in Amplifund, email [support@il-amplifund.zendesk.com](mailto:support@il-amplifund.zendesk.com) with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.
- If you'd like to consult support resources provided by Amplifund: Visit the vendor's [support website](#) for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.

### Brief Project Description

1. Provide an official name for your collaboration. NOTE: Please ensure that this name matches the name given in the "Application Name" field in the Project Information form at the beginning of the application.

The Ideal State Collaborative (ISC)

2. Provide a one to two sentence summary of your collaboration's overall goals.

The Ideal State Collaborative (ISC) will revolutionize the patient care experience by engaging the rural community through new and existing partnerships resulting in a community-focused, patient-first approach to providing care with improved access, measurable outcomes, and sustainable solutions through the five pillars of the project. This will be accomplished by embedding outreach where it is needed, especially into the most underrepresented areas, while forging a parallel path that reimagines patient focused care experiences for everyone – offering new personalized, affirming, affordable, accessible healthcare experiences.

### Detailed Project Description

Provide a narrative description of your overall project, explaining what makes it transformational.

Specify your service area, identify the healthcare challenges it faces, and articulate your goals in addressing these challenges; explain your strategy and how it addresses the causes of these challenges, and lay out the expected timeframe for the project.

Describe any capital improvements, new interventions, delivery redesign, etc. Your narrative should explain the need for each significant item in your budget, clarifying how each connects to the overall goals and operations of the collaboration.

Provide your narrative here:

#### Overall narrative of project transformation

Through this transformation project, the Ideal State Collaborative (ISC) will increase accessibility and expand quality services to patients in Adams and Hancock County, as well as the surrounding counties. The goal is to provide a lower cost, more complete continuum of care that focuses on the stated needs of the community and advances wellness. Through these efforts, the region will see a healthcare transformation resulting in a more complete continuum of care for behavioral health, increased access to care for preventive services, primary care, and specialty care, and a decrease in the overall cost of care. This will be accomplished through innovative healthcare programs that lead to an improvement in health disparities.

There are 5 pillars that represent new projects described in detail in this section with a virtual health platform linking all pillars. The project focuses on community needs, health and wellness, behavioral health, and is tailored to solutions and sustainable services not available in the region today.

#### Participants and Service Area

The (ISC), a partnership comprised of community-driven healthcare entities, has a long history of improving care for the communities they serve. The ISC recognizes there are significant gaps for underserved people in the region and submits this application to receive funding that will address these gaps in care. Memorial Hospital, a partner in the ISC, is in Carthage, Illinois in Hancock County. It is a critical access hospital (CAH) with 18 staffed beds, serving the residents of Western Illinois for the past 70 years. This hospital provides critical community services such as: 24/7 emergency room, surgical procedures, diagnostic imaging, OB deliveries, and seven community clinics. It has received recognition from CMS for the last 2 years with a 5 star rating for patient satisfaction. It is the second largest employer in Hancock County.

Memorial Hospital's primary service area is Hancock County with a population of under 19,000. With clinics located throughout Hancock County

bordering Missouri and Iowa, along with a clinic in McDonough County and additional outreach services in Schuyler and Mason County, the service area exceeds 70,000.

Quincy Medical Group (QMG), a partner in the ISC, is a multi-specialty physician-owned practice that includes primary and specialty care, a cancer institute, ambulatory surgical treatment center (ASTC), and multiple rural clinics. It is located in Adams County, adjacent to Hancock County. Through its numerous healthcare facilities and practice sites, QMG serves a population of more than 400,000 patients, and has been a significant source of high-quality primary, specialty, and sub-specialty rural healthcare for over 80 years.

Together, the partners in the ISC also provide services in Brown, McDonough, Scott, Schuyler, Pike and Mason Counties. All are rural areas with significant healthcare needs and will gain benefit from the ISC transformation projects.

## **Partnership**

The ISC partnership in and of itself is transformational. It is a group of healthcare providers with a proven track record of success in collaborating with each other and with community partners over a decades-long informal partnership that started with an idea that access to specialty care should be available to patients in rural communities. The partnership brings a high quality, critical access hospital and group of high-quality physicians together with a deep understanding of the unique needs of rural communities. As leaders from both organizations began to consult with one another and the community to understand barriers to care, care management (CM) services began to mature and resources were developed by both providers to ensure patients, cared for across providers, were able to have a continuous care experience. In 2017, community engagement conversations made clear that patients and employers were concerned about the rising healthcare prices in the region and the organizations began to consider more collaborative ways to work together to increase access to healthcare while lowering costs and improving quality. The development of a free-standing ambulatory surgery center (ASTC) in the Quincy, IL region made both increased access and lower prices a reality while the ISC's providers began to expand their collaboratively, independent partnership concept to the leadership of Sarah D. Culbertson Hospital in Rushville, IL. At that time, specialists began expanded services into that region furthering the mission making specialty care available to rural areas in West Central IL. As industry thins in rural communities the financial burden on patients becomes greater making long travel for services an expense that is a barrier to health.

Memorial's CEO and board members were integral in the development of alternative and expanded care sites in and around Adams County while QMG leaders met regularly with the Memorial Board to discover ways that collaboration could expand services into Hancock County and surrounding counties in the area. Throughout 2020 and into 2021, the providers worked together to ensure staffing needs were met to combat the COVID-19 pandemic, expediting credentialing and other necessary regulatory requirements to care for patients and staff in their time of greatest need. As the projects for the ISC were developed, great attention was paid to add a QMG physician on the Memorial Board to further develop the relationship and to glean expertise on how a Medicare Five Star Rated Hospital finds success. At the same time, the CEO of Memorial joined the small-format hospital's board to provide expertise and guidance to ensure the collaborations continues as the two hospitals work to meet the goals and address social determinants of health in the long-term. It was natural that as the opportunity for the healthcare transformation grant became available, the ISC would continue to reimagine the healthcare continuum to ensure a meaningful, sustainable, long-term change for the patients served in its geography. The proven, patient-centered track record of the providers in the ISC have a reliable history of going beyond the traditional approach to care to ensure patient needs are met and the community's health is priority.

Transformation is needed now. The processes related to the development of new healthcare services have been costly, cumbersome and has delayed and limited the access to people in our region have to the healthcare services they deserve. Funding the ISC allows for the expediting of carefully planned projects that are ready to begin the moment funding is granted.

## **Healthcare Challenges**

The ISC has identified several healthcare challenges that it wishes to address through this Transformation Project. The challenges have been identified in a number of ways: through CHNAs over several years, community meetings, patient surveys, patient engagement, and provider feedback. The challenges in the rural areas served by the ISC are commonly identified across not only the state, but the country and require a creative approach. The ISC understands the rural community and is uniquely positioned to implement the programs designed by the ISC for their rural patients.

The challenges identified are:

1. High hospital admission and readmissions
2. Health equity
  - a. Lack of access to care
  - b. Lack of affordable care
  - c. Lack of affirming healthcare experiences
3. Access to behavioral health services
4. Wellness-centered care

## **ISC Goals in Addressing the Challenges and Strategy**

The transformation project includes five pillars of innovative services that will be developed over the next 5 years, including:

- A smartly designed, state-of-the-art, physician-led small-format hospital located in Quincy, Illinois to provide a lower cost, high quality alternative for inpatient care to improve access to people in the region.
- A patient-focused birth center that offers an alternative, affordable birthing option and programs to improve birth outcomes.
- Critical access to home-based care as an alternative to correct over-hospitalization
- A Rural Health Village located in Hamilton, Illinois that houses integrated primary care and behavioral health, specialty care, a geriatric assessment center, along with wellness programs that include integrative medicine services, nutritional services and a community hub. This will provide a new access point to increase access to care for medical and behavioral health services and importantly will expand services to promote wellness and address social determinants of health.
- Expanding behavioral health services, increased access to care, and integration of physical and mental health care

The virtual care platform will support the integration of services among the ISC programs and support a wide range of at-home services. The ISC is energized and excited to use this platform as a screening tool to not only identify social determinants of health but also connect patients to services in the community that are experts in their respective fields. Additionally, the ISC recognizes significant gaps in racial/ethnic data specific to their communities and seeks to rectify this by employing their Virtual Care Platform to collect important health outcomes data stratified by race/ethnicity.

These programs will revolutionize engagement by embedding community outreach (community health workers/rural health coaches) into the most underrepresented areas of the community while forging a parallel path that reimagines care experiences for everyone – offering new personalized, affirming, affordable, accessible healthcare experiences that transform healthcare for the region. The Collaborative will be overseen by a governance body composed of members from each partner that formalizes the relationship between the entities participating in this project as described in the Governance section. See Exhibit 2.0.

The graphic 2.0 provides an overview of the ISC innovative programs.

## THE SMALL-FORMAT HOSPITAL

The ISC proposes to establish a small format hospital in Quincy, Illinois. The proposed hospital will be approximately 68,000 square feet and have 25 medical/surgical beds (3 of the 25 med/surg beds will be equipped to serve as negative pressure rooms to accommodate isolation for conditions such as infectious diseases), 3 LDRP (labor, delivery, recovery, and postpartum) rooms, a C-section suite, an emergency department with 10 bays (8 emergency department bays and 2 observation bays), 3 operating rooms and 1 procedure room, a Post-Anesthesia Care Unit (PACU) with 13 bays, a laboratory, pharmacy, and an imaging department which will include an MRI, CT scan, ultrasound, and x-ray. The ISC's prudent plan adds a minimal number of beds, redeploying up to 8 underutilized beds from Memorial Hospital and 10 from Sarah Culbertson Memorial Hospital.

The small format hospital will operate in conjunction with the ISC's established facilities and developing programs and play an essential role in the continued deployment of the ISC's patient-focused, integrative healthcare model. The small format hospital will allow the ISC to control costs and ensure that care is provided in the lowest cost, most appropriate setting.

The small format hospital's model of care is unlike any model currently offered in the west central Illinois area. The mission of the model is to deliver care in the lowest cost, medically appropriate site of care, which, in most cases, will be the outpatient setting. The physician-led and governed small format hospital will implement a medical triage function with the ultimate purpose of reducing the number of non-urgent patients in the emergency department and those ultimately admitted to the hospital. When medically appropriate, patients will be directed to a lower-level care setting.

The ISC's focus is on improving wellness and expanding access to preventive care and services in the outpatient setting while reducing inpatient costs and outcomes. The small format hospital will lower costs, improve outcomes and enhance the patient experience by navigating patients to the most appropriate setting for care. This approach can result in significant, additional savings to the community by reducing avoidable emergency department visits and providing care in more appropriate, lower cost settings. This model reduces expensive hospital admissions by diagnosing and providing care early. The region's admissions that originate in the emergency department are 50% higher than both the state average and other planning areas. For every 1,000 admissions in 2019, 900 originated in the region's emergency department, which is 280 more than the Illinois average and 320 more than the median of similar planning areas (Peoria, Bloomington-Normal, Decatur and Carbondale).

According to a BSGA analysis conducted for the small format hospital, the additional savings the Quincy community could realize if the small format hospital achieves emergency department utilization similar to the Illinois average (410 emergency department visits per 1,000 residents and 15% of emergency department visits resulting in inpatient admissions) it could achieve a 30% reduction in emergency department utilization from Quincy's current rate and kept its ED-to-admission rate at 5%.

The proposed small format hospital's care model will result in significant savings when compared to the region's current high cost of inpatient care. Price savings alone would generate sufficient savings to patients, the Illinois Medicaid program, and other payers to offset the project costs in less than 9 years.

The ISC is excited to move forward with the projects in order to meaningfully transform the health of their communities. Consistent with the HTC legislation, the ISC understands that the projects, if approved by HFS, may be excluded from the requirements of the Illinois Health Facilities Planning Act. This requested exclusion would expedite the transformation process as the ISC can be ready to begin construction on the small format hospital and birth center within six months of receipt of approval from HFS. The ISC is requesting nominal funding to kick-start the project, including site preparation and architecture and engineering fees, with most of the funding being provided in-kind from QMG.

## Transformation elements

The small format hospital will transform care in the region by offering an additional access point for inpatient care of patients with lower acuity conditions. The physician-led hospital will offer lower cost, higher quality, and choice for patients.



## **Timeframe**

The proposed timeframe for planning, building and operating the small-format hospital begins at the IL HCT Collaborative award and will be completed with the small-format hospital being licensed and operational in the first quarter of Year 5 of funding.

## **BIRTH CENTER**

The ISC proposes to expand access to alternative birthing experiences and address the inequities in maternal and child health. This includes the establishment of a 6100 square foot freestanding birth center in Quincy, Illinois. The proposed birth center will have three birthing rooms and will be exclusively dedicated to serving the childbirth-related needs of women and their newborns. The birth center will also have a designated space to conduct prenatal visits and antepartum testing, conference space for education services, and a living and kitchen area.

The birth center will offer a safe, cost-effective alternative to the traditional hospital birthing experience. The birth center would be the first birth center under the alternative care delivery act in the region and the fifth in the State of Illinois. Recent state legislation has increased the number of allowed birth centers, reflective of the State's desire for this more affordable birthing option.

Memorial Hospital is one of only 5 critical access hospitals in the State continuing to offer obstetric services. Memorial Hospital has a certified nurse midwife on staff that can assist in developing the model of care for the birth center. Partnering with QMG will offer additional delivery and training sites while providing alternative care locations, giving women in the region more choices about where they deliver their babies.

The ISC recognizes that inequities in healthcare often manifest first with their newest, most vulnerable citizens – newborn infants. To address these inequities, the collaborative seeks to complement the delivery services at the birth center with expanded access to overall women's healthcare, improving birth outcomes and allowing more women to have a broader set of birth options through healthier pregnancies and lower risk births. The birth center will also include a community education forum to help minimize health disparities at multiple levels in the birth center service area.

National research shows that high-risk births are disproportionately attributed to Black, Indigenous, People of Color (BIPOC) women, with black women in the United States over 50% more likely to deliver a premature baby than white women. Furthermore, one of the most common causes of infant mortality in the United States is premature or preterm birth. The Collaborative intends to establish a women's health community education forum that will provide critical information to promote healthier pregnancies and low-risk births. Providing women and children's health education programs through the Birth Center is emblematic of the ISC's commitment to addressing and reducing health inequities in their community.

The ISC is excited to move forward with the projects to meaningfully transform the health of their communities. Consistent with the HTC legislation, the ISC understands that the projects, if approved by HFS, may be excluded from the requirements of the Illinois Health Facilities Planning Act. This requested exclusion would expedite the transformation process as the ISC can be ready to begin construction on the small format hospital and birth center within six months of receipt of approval from HFS. The ISC is requesting nominal funding to kick-start the project, including site preparation and architecture and engineering fees, with most of the funding being provided in-kind from QMG.

## **Transformational Elements**

Birthing centers offer a low-cost option for women with low-risk pregnancies. The concept provides a warm, homelike atmosphere with minimal medical intervention. In 2007, Illinois passed legislation allowing for up to 10 birthing centers to be licensed in the state. To date, there are only 3 centers licensed, none in western Illinois.

## **Timeline**

The Birth Center renovations will begin during the first month of award funding. It is projected to be completed, licensed and operational in the first quarter of Year 2 of award funding.

## **HOSPITAL-AT-HOME MODEL**

The ISC proposes to further the development of a model of care that's design began in 2019. The hospital-at-home services, an alternative to hospitalization, are being created through a license agreement with Johns Hopkins. Hospital-at-home care has been shown to reduce costs (cost savings of 19-30% compared to traditional inpatient care), achieve shorter average lengths of stay compared to traditional inpatient care (3.2 days compared to 5.5 days, respectively), and experience better clinical outcomes. Additionally, hospital-at-home programs substantially reduce hospital readmissions and unnecessary emergency department visits. The small format hospital is a necessary tool or component to full deployment of these services and advancing the Triple Aim of improving clinical outcomes, achieving patient excellence and satisfaction, and lowering costs.

The ISC recognizes the benefit to patients who avoid inpatient hospitalization. If the condition permits, a lower cost alternative that keeps patients in their own homes, assisted by family members, offers an attractive and innovative care model. Patient eligibility for the hospital-at-home (HAH) level of care assures the safety of the patient. Continuous monitoring ensures early recognition of changing conditions.

Patients receiving hospital-at-home services will be supported by providers who deliver care in their home. Nursing care is provided 2 to 3 times daily, as required by the patient's condition. Physicians, nurse practitioners or physician assistants will also provide in-home care. Home visits will be augmented by a remote command center, delivered by a virtual care platform, which offers continuous monitoring.



Patients in rural areas are often forced to travel long distances to access care and may seek care later in the course of their illness due to barriers such as transportation and insurance coverage. Bringing care to them when their conditions permit, offers patient choice and may provide improved patient satisfaction<sup>[1]</sup>.

In addition to the convenience and patient satisfaction, the literature shows that the cost of in-home hospitalization versus traditional inpatient care is 30 to 38 percent less expensive.<sup>[2],[3]</sup> According to the Kaiser Family Foundation, the average expense per inpatient day in Illinois is \$2,754. AHRQ reports that in 2016, the mean length of stay across the United States was 4.6 days with a mean cost of \$11,700 per stay. This could mean a savings of up to \$4,446 per hospital at home episode.

## **Transformational Elements**

This is a completely new, innovative approach to hospitalization for appropriate patients. It affords patients a choice of where they receive their care and allows patients to be in comfortable surroundings, supported by family while receiving excellent medical care enabled by new technology.

### **Timeline**

The hospital at home concept relies on the virtual care platform to provide remote monitoring for patients receiving inpatient level of care in their homes. The ISC plans to begin to offer this service in month 9 of the award of funding.

## **VIRTUAL CARE PLATFORM**

The ISC proposes to implement a digital platform that will support new and expanded virtual care in the community. The virtual care platform will support the integration of services among the ISC programs and support a wide range of at-home services. The ISC is energized and excited to use this platform as a screening tool to not only identify social determinants of health but also to connect patients to services in the community. Additionally, the ISC recognizes significant gaps in racial/ethnic data specific to their communities and seeks to rectify this by employing their Virtual Care Platform to collect important health outcomes data stratified by race/ethnicity. In addition, this platform will allow the Collaborative to deliver care management for chronic conditions and hospital at home.

The care management monitoring for chronic conditions allows for remote monitoring through devices and regular telehealth check-ins. There is a specific program designed to tackle obesity and weight management, which will address a significant need; county census data shows that county residents have a much higher than average rate of obesity in the state and nation.

Finally, the virtual platform will provide continuous remote monitoring, with home visits, which will support the hospital at home model. The technology platform will allow for hospital level care to be provided at home which will lead to lower admissions and a lower cost of care.

This platform will integrate with the partners' electronic medical records (EMRs) to give patients a seamless, holistic continuum of care from the comfort of their home. This platform will also act as a data source for quality reporting.

## **Transformational Element**

The Virtual Care Platform will create a new technology that allows integration of services by connecting care managers and supporting home monitoring for the hospital-at-home concept and can also be used to managing ambulatory sensitive chronic conditions in the home.

### **Timeline**

The ISC plans to purchase the software in month 1 of funding and operational at 6 months post-award. This will allow the timeline for Hospital-at-Home projected for 9 months post-award to be achieved and screening for social determinants of health to begin 6 months post-award.

## **RURAL HEALTH VILLAGE**

The Rural Health Village (RHV) is an innovative and transformational concept, completely new to the area. The ISC is developing this pillar of the project specifically to address needs identified through needs assessments and in person meetings. The RHV co-locates multiple outpatient services including primary care, specialty care, behavioral health services, educational and wellness programs, and services to address the social determinants of health. ISC recognizes that adding additional access points is important for rural communities and the citizens who are living in poverty who need additional supports. The RHV will assist the ISC to meet its goal to expand behavioral health needs, promote wellness, add access points for care, and make these services available to more citizens to address health inequities.

Memorial Hospital recently purchased a seven-acre site previously utilized as a nursing care facility. The facility's 35,000 square feet affords the opportunity to house a number of services. Through innovative funding, the ISC plans completely renovate the space and the grounds to create a multi-service location that supports health for the region. Plans are in place for the site to offer comprehensive outpatient services based on community input and the most recent Community Health Needs Assessment.

The RHV seeks to create a one-stop shop for the region for a variety of critical outpatient services that seek to improve health of the community and reduce the need for inpatient and higher levels of care, truly taking a population health approach to driving towards health improvement, the following paragraphs describe the key features of this comprehensive community resource.

- A Senior Assessment Center primarily focused on care management for patients over 55 years of age will provide an accessible resource for the growing aging population in the region. The Senior Assessment Center will help to assess needs of patients and work to identify the health care services that the patient needs, and they will help navigate the person across the resource spectrum.

- The Rural Health Village (RHV) will also include a Community Health and Wellness center that includes that will provide opportunities for physical activity such as safe walking paths, indoor fitness classes and an outdoor family play area. To foster health eating and nutrition the RHV will also have culinary medicine services, nutrition and cooking classes and a community garden.
- In addition to providing resources to support health and prevention, expanded primary care and specialty care services will be available. Patients will be able to access a primary care doctor as well as specialty care services such as: surgery, orthopedics and pediatrics. Outpatient physical and occupational therapy will be available at this site as well. These resources can be accessed in person at the RHV, or through telehealth services.
- To further support the ease accessibility of care for the region, diagnostic imaging will be readily available at the RHV. Patient can access MRI, general radiology and U/S through a 3<sup>rd</sup> party vendor. In addition, a CLIA waived lab will be available for provides for point-of-care testing.
- The RHV seeks to bring cutting edge innovative health care choices to a region that needs more options to maintain healthy lives. The Integrative Medicine features of the RHV bring a wide variety of options of care that are not readily available across the region. With leadership from a fellow trained integrative medicine physician leader, the services will include acupuncture, massage therapy, energy medicine (healing touch, Reiki), Nutritional and herbal counseling, life-style counseling, and stress management/meditation/hypnosis. There will also be a retail space for vetted supplements, and bioidentical hormones etc.
- The RHV will also bring much needed behavioral health services to the region. The full spectrum of behavioral health services will be made available. Substance use disorder treatment, including education and medication assisted treatment and counseling. Counseling therapy for individuals, family and group will be available. Management of substance use disorders and linkage to residential or other housing and community supports will also be available.

### Transformational Elements

The forward-thinking concept of creating a Rural Health Village meets many of the goals of the HFS quality strategy. It is poignant that these new services are being developed on a site that previously was used as a nursing home providing institutional care but will now support home and community-based services to keep people healthy and improve their quality of life. The array of services offered was inspired by the input from the community for the Hancock County Community Health Needs Assessment. This demonstrates the proactive nature of the ISC in desiring to provide healthcare services farther upstream to prevent or delay chronic health conditions.

The Rural Health Village is also unique in providing a site that specifically addresses the social determinants of health common to those living at or below the poverty level. Providing an additional site for residents to receive services expands availability to a larger portion of the population.

### Timeframe

The Rural Health Village complete renovation is projected to be completed within 18 months of receiving funding from this award. Most services, including the expanded behavioral health services will come online in the 18 to 24 months following funding of award. By the end of year 5 of funding, all services outlined above are expected to be operational in the Rural Health Village.

### BEHAVIORAL HEALTH EXPANSION

The ISC proposes to expand behavioral health services based on the community health needs assessment, which reveal a strong and increasing demand for access to behavioral health services for adults and children. Specifically, the most recent Adams and Hancock County needs assessment demonstrate that the greatest health need is in this category. The ISC proposes an expansion of behavioral health services outlined in the following graphic.

The graphic 2.1 provides an overview of the ISC Behavioral Health Expansion components.

Developing a new outpatient behavioral health center in Adams County lays the foundation for:

1. Expanding existing services – increasing the capacity to offer counselling services for adults and children
  - a. Decrease lead time to get an appointment
  - b. Avoid delay in care
2. New services that make a vital impact in the improvement of community behavioral health include: group therapy, trauma informed care, stress management, affirmative counseling, anxiety/OCD clinic, gambling addition, sex therapy, and substance abuse counseling
3. Innovative holistic care embedded in primary care settings that combines physical and mental health treatment
  - a. Treating the patient's entire condition
  - b. Extension to rural health settings, including Rural Health Village in Hancock County

The transformation will include community resource connections:

- Four community health workers and a system connector will be embedded in communities and schools of the underserved
  - a. Develop trusted relationships
  - b. Minimize stigma
  - c. Provide connections to needed resources (including transportation)
  - d. Support underrepresented and underserved families and individuals

The graphic 2.2 provides an overview of the ISC Community Connection components.

## Timeline

The Behavioral Health Expansion renovations will begin during the first month of award funding. It is projected to be completed, licensed and operational in the first quarter of Year 2 of award funding.

## Transformational Elements

The behavioral health expansion is addressing the highest needs identified by communities and offering new services and new access points. Services will be supported by community health workers who meet patients where they live to support care and assist in accessing community-based organizations who address social determinants of health. The ISC will continue to work with local behavioral health organizations as the continuum of care is built out to address gaps in service and avoid redundancy.

## Expected Timeframe for the Five Pillar Project

1. Small Format Hospital
  - a. Capital construction to end in year 4, start operations in year 5
2. Birth Center
  - a. Capital construction to end in 12 months, start operations in year 2
3. Behavioral health expansion
  - a. Capital construction to end in 12 months, start operations in year 2
4. Rural Health Village
  - a. Capital construction to end in year 2, start operations in year 2
5. Hospital at Home and Virtual Monitoring Platform
  - a. No capital construction needed. Staffing hired and IT purchased and implemented in year 1, start operations in year 2

## Completely new and innovative interventions being proposed by the ISC include:

1. The integrative medicine services at the Rural Health Village
2. Hospital-at-Home model to provide hospital-level services in patient's homes.
3. Remote monitoring to help manage chronic conditions
4. New Behavioral health services offered in West Central Illinois
5. Integrative medicine – embedding behavioral health in the primary care setting
6. Navigation to the appropriate care setting, reduction of unnecessary admissions and readmissions
7. Community engagement and connection via community health workers
8. Alternative child and maternity care through the birth center

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[1] J Am Geriatr Soc. 2006 Sep;54(9):1355-63. x

[2] Int J Qual Health Care. 2002 Aug;14(4):285-93. .

[3] Issue Brief: Creating Value by Bringing Hospital Care Home. American Hospital Association, Value Initiative, December 2020

[Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Ideal State Collaborative\_Project Description

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### 3. Governance Structure

#### HELP AND SUPPORT INFORMATION

**Note on work process:** We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

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- If you need technical support in Amplifund, email [support@il-amplifund.zendesk.com](mailto:support@il-amplifund.zendesk.com) with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.
- If you'd like to consult support resources provided by Amplifund: Visit the vendor's [support website](#) for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.

**Note on the significance of governance structure:**

We recommend you consult the [HFS Guide to Collaborations](#) for your reference as you develop your governance structure.

*The governance section should reflect serious thought regarding the execution, management, accountability, and inter-reliance of the participating members of your collaboration. It should be clear how the structure and governance will bind the various participating organizations into an interrelated enterprise to accomplish the scope of work and the promised outcomes of the proposal. A well-developed governance process is the engine that will drive the effective implementation of the project. Absent quality governance, great ideas and good intentions often fall short or fail altogether*

#### Structure and Processes

1. Please describe in detail the governance structure of your collaboration and explain how authority and responsibility will be distributed and shared. How will policies be formulated and priorities set?

Below is a summary of the proposed governance structure of the Ideal State Collaborative (the "ISC"):

**1. Authority and Responsibilities of Participants:** The ISC will be governed by an Oversight Committee with 5-7 members. Initially, the Oversight Committee will have two (2) representatives from Memorial Hospital and two (2) representatives from QMG; at least one of which will be a clinical representative (e.g., a physician). In addition, the Oversight Committee will have two (2) at-large community members. Recognizing and valuing diversity and equity, the ISC will make concerted efforts to ensure the composition of the Oversight Committee reflects underrepresented groups in the community.

The authority and responsibilities of the participants in the ISC, along with various agreements and commitments addressed below, will be set forth in an Affiliation Agreement executed by each participant in the ISC.

**2. Pledge to Adhere to Policies:** Prior to serving on the Oversight Committee, members of the Oversight Committee will commit to comply fully with the policies and procedures that have been, or hereafter are, adopted by the Oversight Committee and with all provisions of state and federal law. The Oversight Committee members will also commit to participate in regular evaluation efforts, and to share the results of evaluations, to ensure continuous improvement towards achieving the objectives of the ISC.

**3. Honest Dealing, Accountability:** Each participant will firmly commit to engage in honest dealing, and to act prudently, ethically, and in good faith to achieve the objectives of the ISC. Each participant will acknowledge its responsibility and accountability and commit to work in good faith to achieve the objectives of the ISC.

**4. Schedule of Meetings:** The participants estimate the Oversight Committee will meet twice a month for the first 3 months. Thereafter, the Oversight Committee will meet monthly, or more frequently as needed. The schedule of meetings may increase or decrease, as necessary, to ensure the Oversight Committee is providing adequate oversight.

**5. Responsibilities and Decision-Making:**

- 51% of Oversight Committee members shall constitute a quorum for voting purposes.
- Actions will be taken by majority vote and require a supportive vote from both QMG and Memorial Hospital.
- Provide general oversight for the implementation of the objectives and initiatives proposed by the ISC.
- If a member of the Oversight Committee has a potential conflict of interest, the member will be required to abstain from participating in actions or votes.
- The Oversight Committee will monitor progress and ensure scheduled milestones are achieved, review and manage financial requirements to ensure good stewardship of project resources, and oversee quality metrics.
- The Oversight Committee will engage in strategic planning and engage with the community.
- The Oversight Committee will communicate as needed with HFS.

**6. Scope of Participation:**

- a. The participants will have full responsibility of the projects and initiatives of the ISC.
- b. The participants agree to provide:
  - i. necessary staff to support the projects and initiatives of the ISC, with the title and job descriptions of each employee;
  - ii. weekly commitment of staff, with the hours to-be-determined; and
  - iii. in-kind resources, such as financial expertise, management oversight, and others.
- c. Legal entities that are participants will have policies regarding the following:
  - i. Non-discrimination;
  - ii. Sexual harassment;
  - iii. Diversity;
  - iv. Training;
  - v. Ethics; and,
  - vi. Appropriate record keeping and reporting.

[1. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

**Accountability**

2. How will collaborating entities be made accountable for achieving desired outcomes? How will the collaboration be made accountable for acting prudently, ethically, legally, and with extensive participation from each participating entity? What methods will be used to enforce policy and procedure adherence?

Participants will be bound by agreements and commitments set forth in the Affiliation Agreement and written policies adopted by the Oversight Committee, which will include, among others, a commitment to diligently pursue the objectives of the ISC and a commitment to engage in honest dealing and act prudently, ethically, and in good faith in all respects pertaining to the achievement of objectives of the ISC. The participants will also be subject to ongoing reporting requirements in relation to their use of funds and timely achievement of desired outcomes or initiatives of the ISC. A participant's failure to timely achieve desired outcomes or satisfy the commitments set forth in the Affiliation Agreement may result in certain penalties as determined by the ISC and Oversight Committee, including, without limitation, lack of or diminished receipt of funds and/or potential termination of participation in the ISC.

**Methods to be used to enforce policy and procedure adherence**

A participant's failure to timely achieve desired outcomes or satisfy the commitments set forth in the Affiliation Agreement may result in certain penalties as determined by the ISC and Oversight Committee, including, without limitation, lack of or diminished receipt of funds and/or potential termination of participation in the ISC.

[2. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

**New Legal Entity**

3. Will a new umbrella legal entity be created as a result of your collaboration?
- ☐ Yes  
☒ No

[3A. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

**Payments and Administration of Funds**

**Note: It is likely that transformation funds for proposals will come in the form of utilization-based Directed Payments to a healthcare provider(s) or behavioral health provider(s) in the collaboration. These entities will receive a report earmarking these payments as transformation funds. These funds must then be distributed among the collaborating entities.**

4. How will you ensure direct payments to providers within your collaboration are utilized for your proposed program's intended purpose? If the plan is to use a fiscal intermediary, please specify.

The ISC proposes that directed payments be made to Memorial Hospital, which will serve as the fiscal agent. The Oversight Committee will implement effective internal fiscal integrity controls to ensure that funds are distributed and used for previously approved and intended purposes and in accordance with previously approved budgets. In addition, the Oversight Committee will review monthly, or more frequently upon the request of any participant, reports of all disbursements. Either an independent CPA or the CFO of a participant will be directed to oversee disbursements and regularly report to the Oversight Committee. The Oversight Committee will also adopt a policy to establish procedures pertaining to the distribution of funds in accordance with principles of prudent and responsible financial oversight. A copy of the proposed Distribution of Funds policy is attached.

[4. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

must combine them into a single document.)

Memorial-QMG Transformation Policy Procedures Distribution of Grant Funds - 4847-5085-6959 v5

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## 4. Racial Equity

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**If you need help or have a question:**

- For guidance on this form, we especially recommend reviewing the recording of the 9/30/21 Informational Webinar (accessed via the [HTC Application Information](#) page) in which the racial equity section received extended explanation. You may also consult the [HTC Application Instructions resource](#) and HFS' [Racial Equity Impact Assessment Help Guide](#) posted on the HTC website.
- If you have a question about the subject matter of the application, email [HFS.Transformation@illinois.gov](mailto:HFS.Transformation@illinois.gov) before October 15. Questions will not be taken after that date. Check for answers at the [HTC FAQs page](#), which will be updated continuously between October 1 and October 15.
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- If you'd like to consult support resources provided by Amplifund: Visit the vendor's [support website](#) for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.

### Background on HTC and racial equity:

This form contains a racial equity impact assessment, or REIA. An REIA is a systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision. REIAs are used to minimize unanticipated adverse consequences in a variety of contexts, including the analysis of proposed policies, institutional practices, programs, plans and budgetary decisions. The REIA can be a vital tool for preventing institutional racism and for identifying new options to remedy long-standing inequities. (Source: Race Forward - "[Racial Equity Impact Assessment](#)")

### High-Level Narrative

A fundamental focus of healthcare transformation is racial equity. Please provide a high level description of how the design of your proposal incorporates racial equity. (Greater detail will be requested in the questions below.)

To address racial equity in health it is critical to advance health equity through dismantling the systemic racism that underlies differences in the opportunity to be healthy, including addressing social and economic barriers to positive health outcomes. Since we have never had a truly equitable health care system, progress toward the goal of health equity is often benchmarked by measuring reductions in health disparities.

The Collaborative completed the racial impact assessment to develop a well thought-out, data driven, strategic proposal that addresses the community stakeholder needs as well as explicitly address needs of racial, ethnic, and vulnerable populations in the region. The racial equity impact assessment identified opportunities for outreach and engagement with communities and populations that might otherwise not be considered. The communities of focus that were identified in the process are: African Americans, Latino, communities with high free/reduced lunch, people with disabilities, uninsured, and LGBTQ.

As described by HFS, the racial equity impact assessment's purpose is to enable systematic examination of differential racial and ethnic impacts of the proposal. The goals as described by HFS, are to: minimize unanticipated adverse consequences, prevent (re)production of institutional racism, and identify new ways to remedy long-standing inequities.

The Collaborative found the process of completing the racial equity impact assessment a critical step to the project development and informed the focus and priorities of the project.

[High Level Narrative - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

### Racial Equity Impact Assessment Questions

1. Which racial/ethnic groups may be most affected by and concerned with the issues related to this proposal?

The project includes five key elements that impact all the residents in Adams, Hancock, and four surrounding counties: Small Format Hospital, Birth Center, Hospital at Home, Rural Health Village, and Behavioral Health Expansion. Additionally, a new Virtual Care Platform will be the support service that links across the five key elements. This project represents a significant increase of health care access and resources for this region. Ensuring that all community residents have an opportunity to access and benefit from these resources is critical to the mission of this project, as well as foundational for the core mission of the Ideal State Collaborative organizations.

The racial/ethnic groups that may be most affected by this proposed project include the following groups: African Americans, Latino.

The Collaborative identified additional vulnerable populations that should be considered when developing this proposal. Here are the additional groups identified: Migrant Workers, People Experiencing Poverty, People w/Disabilities, Single Parents, Uninsured, LGBTQ+, Seniors, and Women. It is understood that the intersectionality of these groups with African American and Latino populations make these individuals disproportionately



impacted by health disparities.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. Have stakeholders from different racial/ethnic groups — especially those most adversely affected or from vulnerable communities — been informed, meaningfully involved and authentically represented in the development of this proposal? Who's missing and how can they be engaged?

This project primarily serves both Adams and Hancock County, which includes a small city and multiple rural communities. The Collaborative has developed a community informed strategy for the various elements of the project.

The Ideal State Collaborative is on a mission to improve community health and seek to transform healthcare — a part of this mission is to understand the unmet needs of the communities served at a meaningful level. To effectively engage with community, communication and outreach is happening at the neighborhood level. The Collaborative is proactively reaching out to communities that may be overlooked by traditional community needs assessments or philanthropic efforts. To truly transform healthcare in the community it is important to have a community informed approach working to meet people where they are to gain insight and feedback.

The Collaborative is utilizing inputs from traditional community assessment and input processes but have gone beyond that and have engaged community leaders and community members through conversations. These conversations revealed that to get to the heart of who is the most adversely affected by disparities in the community — the Collaborative must transform its engagement. They must engage with people where they are, and they must have a consistent and sustainable presence to establish trust and build services from this relationship. These conversations and relationships are not about a short-term approach but in working upstream on solutions that build a future where people regardless of race/ethnicity, or financial status, or insurance status can access high quality health care services and have their social needs met as well.

In Adams and Hancock County, and the four surrounding counties, it is important to build relationships that go beyond the typical transactional engagement. That is why the Collaborative continues to engage stakeholders through both relational communication as well as formal input processes to ensure that the proposal is community informed.

Community input has come through three key channels: 1) Existing community health planning process, which included community survey collection. 2) Direct input from community regarding specific pillars of the project. 3) Direct input for the Ideal State Collaborative's full proposal.

Below is a review of these three community input mechanisms which demonstrate the responsiveness of this proposal to the community needs.

## **Community Overview**

### **Addressing Diversity and the Underserved**

Hancock County has a population of 17,708, 23.5% are 65 and over, higher than the national average, 20.9% are under 18 years old, 5.3% are under 5 years old. 50.5% of the population is female, 49.5% are males. The racial and ethnic composition of Hancock County is as follows, 97.4% is white, 0.6% is Black or African American, 0.4% are American Indian & Alaska Native, 0.4% is Asian, 0.1 is Native Hawaiian and other Pacific Islander, 1.6% are Hispanic or Latino. 1.7% of the population speaks a language other than English at home. 81.3% of the population has a computer at home, and 72.7% have access to broadband internet. 9.1% have a disability under the age of 65, 6.9% do not have health insurance. Median household income is \$53,561 and 12.3% of the population is experiencing poverty (US Census Quick Facts 2019).

Adams County has a population of 67,103, 20.7% is 65 or over, higher than the national average, 50.4% of the population is 18-64, 22.6% is under 18 years old, and 6.3% are under 5 years old. 50.7% of the population is female, and 49.3% are males. The racial and ethnic composition of Adams County is as follows, 92.8% is white, 3.9% is Black or African American, 0.3% is American Indian & Alaska Native, 0.9% is Asian, 2.1% are two or more races, 1.8% are Hispanic or Latino. 2.1% of the population speaks a language other than English at home. 84.7% of the population has a computer at home, and 78.2% have access to broadband internet. 9.9% have a disability under the age of 65, which is higher than the national average, 5.6% do not have health insurance. Median household income is \$52,993, and 12% of the population experiencing poverty (US Census Quick Facts 2019). There is a higher teen birth rate in Adams County, 22.4%, and a high preventable hospital admission among Medicare beneficiaries.

The Ideal State Collaborative brings together efforts serving Hancock and Adams County, as well as four surrounding counties. The ISC will revolutionize engagement by embedding community outreach into the most underrepresented areas of the community while forging a parallel path that reimagines care experiences for everyone — offering new personalized, affirming, affordable, accessible healthcare experiences that transform healthcare for the region.

1) Existing Stakeholder Engagement Processes — Community Informed Approach

## **Community Health Needs Assessments**



Both Adams and Hancock County conduct community needs assessments utilizing the Mobilizing Action through Planning and Partnership Process (MAPP). The Ideal State Collaborative has been a key contributor to these processes. The findings and feedback drove the focus and prioritization of the five elements included in this project. The group of partners who develop community needs assessments include community leaders who serve the African Americans, Latino communities, as well as Migrant Workers, People Experiencing Poverty, People w/Disabilities, Single Parents, Uninsured, LGBTQ+, Seniors, and Women. In addition, community surveys were completed in both communities to gather feedback from all residents. The key needs that emerged from this robust feedback process were: Mental Health, Substance Use Disorder, Obesity, Housing, Diabetes, Cost and Access to Care. These findings informed the strategic development of this proposal. Full detail is provided in Section 5.1 of the application.

## **Board Feedback**

The Ideal State Collaborative members have been working to ensure that there is community representation on the Board of their organizations. They seek to identify a balance of membership that represent the geography, different skill sets, and male/female balance, as well as age diversity to ensure representation from the community. Feedback has been requested from both organizational boards to aid in the strategic focus of the organizations. Both boards are deeply committed to a regional approach to addressing the needs of the community to achieve health equity through the Engage, Impact, and Thrive approach proposed by the Collaborative.

## 2) Direct Input from the Community regarding Specific Pillars

### *Stakeholder Input for Small Format Hospital*

There has been a demonstrated and significant broad base of community support in the letters and public comment and from not-for-profit organizations and community-focused organizations, health care providers, and employees, for the small-format hospital. Exactly 520 letters of support were submitted for the small-format hospital, which included 275 patients, 156 employees, 83 community members and 6 neighbors to the proposed location. In addition, numerous meetings were held with managed care companies and insurers to convene on the future of health care and how populations could be best managed in a more personalized way while reducing the overall costs of care. In addition, key EMS leaders were engaged to gain feedback and input.

To gather community feedback regarding the small-format hospital proposal, over 100 forums were held including Zoom calls, phone calls, in-person meetings at the Quincy Town Center and others. Community leaders and employers responded very favorably, feedback from the community indicated that many people supported this proposal because the community trusts the physicians and clinical staff that are leading this endeavor. Business owners, several boards, and community leaders also provided letters of support for this project. The care design of the small-format hospital reflects an intentional focus on affirming practices to ensure the hospital is a place where all people feel comfortable receiving care based on feedback from people in underrepresented areas served by the proposed hospital.

### *Stakeholder Input for Rural Health Village*

On August 30, 2021, the CEO of Memorial Hospital held a meeting with the Mayor of Hamilton, Illinois. During that meeting, plans for the Rural Health Village were outlined and the mayor expressed support for the project recognizing the service enhancement to the community along with the economic development opportunities the project would afford. In follow-up, the Memorial Hospital CEO made a presentation to the Hamilton City Council on September 20, 2021. During that meeting, the Rural Health Village and other aspects of the Ideal State Collaborative were discussed. The Council was enthusiastic about the projects and expressed support for the expansion of current and the addition of new services to the community.

### *Direct input regarding the Ideal State Collaborative's full proposal.*

The Ideal State Collaborative's leadership team utilized Exhibit 4.1, a power point presentation to share the full collaborative proposal with key partners to gain feedback, input, and support for the proposal. The following leaders and organizations received a briefing and provided feedback and support for the proposal. Exhibit 4.1 also includes the letters of support that were provided by the organizations.

Many organizations and community members provided direct input for the proposal and the following leaders and organizations authored letters of support:

- Mayor of Hamilton, David Bierbaum
- Bishop Warren of EL Warren Ministries
- Cullinan Properties
- Samantha Hamack, Executive Director of Hancock County Economic Development
- Jerome Lee, Pastor, First Christian Church
- Mental Health Centers of Western Illinois
- Elected Officials who represent Montebello Township, Hamilton, Illinois

## **Community Outreach and Engagement Strategy**

The Collaborative will continue community conversations and engagement post-submission of this application. Three key strategies will be deployed: 1) Connect with existing community forums and tables and continue to share the Collaborative's Healthcare Transformation proposal. 2) Create quarterly community update meetings and share broadly for both community organization and community resident engagement. These meetings will be open and

accessible to anyone who would like to engage, and feedback opportunities and input will be welcomed and requested. 3) Community conversations and relationships will continue with organization and community leaders who represent the most vulnerable communities in both Adams and Hancock County and the four surrounding counties.

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Which racial/ethnic groups are currently most advantaged and most disadvantaged by the issues this proposal seeks to address? How are they affected differently? What quantitative and qualitative evidence of inequality exists? What evidence is missing or needed?

The most advantaged groups are white, educated, insured individuals at higher income levels. These individuals will be able to access the services and resources that are provided through this project without barriers or limitations. These individuals can access and navigate the services that will be provided because of the advantage that they experience both racially and economically. They are less likely to experience transportation difficulties, they will likely have paid time off which will allow them to access services during regular business hours, in addition, they are likely employed which will likely provide employer provided health insurance.

The racial/ethnic groups that are more disadvantaged by the stated issues, yet will be most affected by this proposal, are the African American and Latino populations. However, as previously noted, the Ideal State Collaborative has considered additional vulnerable populations in the development of this proposal. Here are the additional groups identified: Migrant Workers, People Experiencing Poverty, People w/Disabilities, Single Parents, Uninsured, LGBTQ+, Seniors, and Women.

The African American and Latino population in Adams and Hancock County represent 5.7% and 2.2% of the population, respectively. These minority communities tend to live in certain areas of the county based on the availability of affordable housing resources. The intentional community design, and segregation created communities that have limited access to resources and are in need of stronger linkage to healthcare as well as have social needs addressed. While this proposal will provide a significant amount of health care resources in the community, there are barriers that may arise for these communities to access those resources, that is why the Collaborative seeks to ensure that those barriers are addressed.

Transportation is a persistent barrier in this region. The public transportation infrastructure in the communities within and beyond Adams and Hancock County is limited and does not provide full access to these resources. To mitigate this issue, the Collaborative will work with local churches to provide needed transportation. In addition, the Rural Health Village will work to create transportation opportunities for health care preventative programs in the communities that have the least access due to transportation issues.

Limited, county-level, data exists though the scope of racial/ethnic inequality is only evident by proxy. For instance, the Illinois County Behavioral Risk Factor Survey (ICBRFS) provides county-level data on health care coverage and utilization. In Adams County, 8.9% of respondents noted they did not have healthcare coverage, 5.8% of respondents revealed they were unable to visit their doctor due to cost, and 10.5% of respondents noted they could not fill a prescription due to cost. In Hancock County, 8.7% of respondents noted they did not have healthcare coverage, 13.4% revealed they were unable to visit their doctor due to cost, and 11.2% of respondents noted they could not fill a prescription due to cost. These data, however, are not stratified by race and ethnicity. Furthermore, the ICBRFS admits that some results are intentionally suppressed to eliminate drawing any statistical conclusions about the findings when the data is not strong enough.

Another proxy available to identify income inequality is the percentage of public-school students who qualify for the free or reduced lunch program. In Adams County, 53.6% of students participate in this program and in Hancock County 50% of the students participate. Again, this information is not stratified by race and ethnicity thereby making the connections between race/ethnicity and health outcomes, challenging. U.S. Census data on the percentage of persons in poverty, approximately 12.3% in each county, are also illustrative of pervasive income inequality though does not fully communicate the racial/ethnic composition of those at or below the federal poverty level.

More robust racial and ethnic data is needed in the communities within and beyond Adams and Hancock County to accurately depict the presence of inequality. In order to conduct holistic, inclusive data analysis, the ISC recognizes that fundamental racial and ethnic information is absent from most community assessments and that it will require an investment of time and resources to address these data gaps. For instance, the Illinois County Behavioral Risk Factor Survey (ICBRFS) provides county-level demographic information, revealing significant underrepresentation of minority populations. In Adams County approximately 1.6% of the population is Black (Non-Hispanic), 1.3% is Hispanic (All Races), and 0.7% identified themselves as Other (Non-Hispanic). However, ICBRFS admits to data gaps and cautions users against applying the demographic data to describe the characteristics of the population that was studied. Due to a lack of robust data infrastructure illustrating disparate health outcomes that is stratified across race and ethnicity, is challenging. The ISC is energized and excited to create feedback opportunities and community input mechanisms to better understand the landscape of racial and ethnic inequality and reduce barriers to accessing high quality, low-cost healthcare. Additionally, the ISC feels compelled to begin collecting their own race and ethnicity data to develop a more comprehensive picture of the communities they serve and more accurately identify and address disparate health outcomes.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

4. What factors may be producing and perpetuating racial inequities associated with this issue? How did the inequities arise? Are they expanding or narrowing? Does the proposal address root causes? If not, how could it?

Several factors have been identified as catalysts for and contributors to racial inequities experienced in Adams and Hancock County, and the surrounding communities.

As mentioned, the absence of robust data infrastructure has significantly contributed to an incomplete understanding of the needs of underserved populations. To address this gap, the Collaborative is utilizing proxy data sets to draw correlations between race/ethnic groups and disparate health outcomes may be expanding racial inequalities. When applying national racial/ethnic data analyses to Adams and Hancock County, it may be safe to assume that, for African American and Latino populations lack of access to safe and reliable transportation is often a major barrier to obtaining resources, including healthcare. Because these demographics have historically been resigned to living in neighborhoods based on opportunities for affordable housing, rather than proximity to public transit destinations, inequities regarding access to public transportation have percolated. Today, public transportation infrastructure in both counties and the surrounding area is limited and continues to exacerbate the issue of accessibility. Another factor that may be producing and perpetuating racial inequities is housing insecurity and a lack of understanding of the homeless population. In both counties, issues around housing stem from a disproportionately greater amount of Section 8 Housing vouchers (for those who qualify) than available housing units. Relatedly, the Department of Housing and Urban Development's official definition of homelessness does not fully encompass those that are "housing insecure." The ISC has recognized this unique population has specific needs that will continue to be unmet until more refined research and data collection occurs, and proper evaluation can commence. Finally, when considering the many factors that may be producing and perpetuating

racial inequities, the most influential of them all is a lack of knowledge and awareness of available healthcare resources. The ISC understands that increasing access to healthcare resources will be futile if the target population is unaware of its existence.

Many of the contributing factors mentioned were born from intentional resource distribution limitations, which resulted in the structural racism evident today. Other factors evolved from unforeseen circumstances like the COVID-19 pandemic and shifts in the economy, which have expanded racial inequalities and exacerbated health outcome disparities. Additionally, social determinants of health like broadband access and job/housing insecurity have also contributed to widening the racial equity gap.

The Collaborative aims to address these challenges in accessing care by focusing on key strategic areas that will improve health and have the greatest impact. First, by identifying underserved and unserved populations, the ISC will design projects to communicate with and connect these people to the appropriate care they require. The ISC also plans to identify patient needs, beyond immediate health issues, such as housing and food insecurity, and create pathways for patients to access community resources. Finally, going upstream to help future generations is a critical element of the ISC's commitment to illness and chronic disease prevention.

[4 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

#### 5. What does the proposal seek to accomplish? Will it reduce disparities or discrimination?

The key tenets of the proposal seek to reduce disparities and increase access to care for the region. Specific efforts will be made in the proposal to address barriers that may exist for specific vulnerable populations to access care.

- Improve Access to Care – Rural Health Village, Small Format Hospital, Birth Center, Behavioral Health Services
- Coordinate and Align Services – Virtual Care Platform
- Patient Centered Care- Rural Health Village, Small Format Hospital, Birth Center, Behavioral Health Services

Health Equity Awareness and Education – OVERALL PROJECT – All components are equity driven, community informed, and will require regular community and patient engagement.

[5 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

#### 6. What are negative or unforeseen consequences and positive impacts/opportunities for equity as a result of this proposal? Which racial/ethnic groups could be harmed or could benefit? How could adverse impacts be prevented/minimized and equitable opportunities be maximized?

To identify the strategies to address barriers for vulnerable populations in both Hancock and Adams County and the surrounding counties, the Collaborative identified possible barriers or unforeseen consequences that could emerge from the implementation of the proposal. After reviewing those possible barriers or unforeseen consequences, mitigation strategies were identified to reduce the risk for those issues arising. In addition to identifying mitigation strategies, there will be a continuous review process engaged across the proposal to monitor for emerging unforeseen consequences.

Listed below are the key elements of the proposal, identified barriers or unforeseen consequences for vulnerable populations recognized within and beyond Adams and Hancock County, as well as their respective mitigation strategies.

- **SMALL FORMAT HOSPITAL** – Transportation will be a barrier for some communities to be able to access the hospital location. To mitigate this issue QMG will work with local churches to provide the needed access. In addition, QMG will provide supplemental funding if needed to ensure that this transportation is available. Additional transportation solutions will be developed as needs are identified, especially for those who are most vulnerable.
- **BIRTH CENTER** – Women who can utilize the birth center will need to have low risk pregnancies. Given that need for women to have low risk pregnancies, African American women, who disproportionately have higher risk pregnancies, may not be eligible for this service. To ensure that the birth center is accessible to a broader group, the Center will provide healthy pregnancy outreach education and engagement. The education and outreach will specifically address and help facilitate healthy pregnancy, prevent unintended pregnancy, and create an environment for women to plan for their reproductive health.
- **HOSPITAL AT HOME** - A potential issue that can arise is the inappropriate assessment of the patient's family supports to aid in the successful management of the hospital at home services. To mitigate this issue, QMG will work to ensure that there is a full assessment of the home environment to ensure that this resource is utilized in environments that can appropriately support what is needed to successfully implement the hospital at home model.
- **RURAL HEALTH VILLAGE** – The location could be a barrier for those without their own car or access to transportation. To mitigate transportation issues, transportation options will be made available for specific programs with intermittent childcare made available on site. In addition, Memorial Hospital will equip its seven outlying clinics locations with a dedicated a telehealth space to expand the reach of the services in the Rural Health Village.
- **BEHAVIORAL HEALTH EXPANSION** – Persistent stigma regarding the engagement of healthcare services can serve as a barrier for access to care. To mitigate the reduced engagement of services due to stigma, the Collaborative will work to monitor the data for those who are accessing services relative to the known need in various communities. Outreach and engagement efforts will be deployed in communities where there may be higher levels of stigma. This will occur through deployment of community health workers in neighborhoods and schools of the underserved, helping those that are not using services today.

In addition to the 5 key pillars, the Virtual Care Platform is the overarching element of the proposal. In some communities, internet and broadband access is limited and can create an access barrier. Memorial Hospital will create telehealth space at seven outlying clinics. In addition, continued advocacy with the

various economic development partners to expand broadband and internet accessibility will remain a priority for the Collaborative.

[6 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

7. Are there better ways to reduce racial disparities and advance racial equity? What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?

The proposal overall seeks to address issues of equity and inclusion and will work to address barriers that exist to access healthcare.

The Collaborative believes it is important to closely monitor the implementation of the proposal to ensure that groups most in need are connecting and accessing care. To ensure that equitable opportunities and impacts occur, monitoring will occur on a quarterly basis.

Ensuring that there are metrics and close oversight regarding the implementation of the proposal will ensure that there is a reduction of racial disparities, and that racial equity is being advanced. Including racial equity and racial disparities measures will ensure that the Collaborative is addressing issues as they arise, rather than waiting for poor outcomes to emerge later. As engagement with this community increases over time, the Collaborative will adjust to the needs of this community to face new obstacles.

What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?

None known, but the Collaborative will monitor.

[7 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

8. Is the proposal realistic, adequately funded, with mechanisms to ensure successful implementation and enforcement? Are there provisions to ensure ongoing data collection, public reporting, stakeholder participation and public accountability?

**Is the proposal realistic adequately funded with mechanisms to ensure successful implementation and enforcement?**

The Collaborative will have the appropriate data infrastructure needed in order monitor the metrics determined to ensure that racial equity is addressed. This proposal is requesting funding to significantly expand the availability and access to care for the communities surrounding and within Hancock and Adams County. The funding requested will ensure the successful implementation of the goals of the proposal.

**Are there provisions to ensure ongoing data collection public reporting stakeholder participation and public accountability?**

Regular data collection is a core component of this proposal. In addition, quarterly community engagement forums will provide an opportunity for feedback throughout the implementation of the proposal. Relatedly, through community health worker connections, the Collaborative will continue to build relationships with community members and key stakeholders to allow for input and feedback as the project is being implemented. This project's foundation has been developed through a community informed strategic development and that will continue post funding.

[8 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

9. What are the success indicators and progress benchmarks? How will impacts be documented and evaluated? How will the level, diversity and quality of ongoing stakeholder engagement be assessed?

As mentioned previously, the Collaborative is acutely aware of racial/ethnic data gaps and seeks to address the documentation and evaluation of impacts by not only collecting information on race and ethnicity, but screening and monitoring for social determinants of health that are inhibiting certain populations from accessing quality healthcare resources.

The collection of the data regarding race and ethnicity as well as the data from the social determinants of health screening will provide opportunities to track critical data.

As the program begins, the following data elements will be collected on a quarterly basis across the Collaborative:

- Number of complete screenings
- Racial and Ethnic Breakdown
- Identification of high need communities based on this data
- Data collected regarding specific community needs to monitor implementation of the strategies to address social determinants of health

Furthermore, the ISC is adamant in leading by example and is committed to fostering a workforce that represents minority populations. The ISC partners have established Diversity, Equity, and Inclusion committees that will ensure that the Ideal State Collaborative is accountable for conducting robust stakeholder engagement that promotes diversity and the equitable representation of underserved populations.

**Community Outreach and Engagement Strategy**

The Collaborative will continue community conversations and engagement post-submission of this application. Three key strategies will be deployed: 1) Connect with existing community forums and tables and continue to share the Collaborative's Healthcare Transformation proposal. 2) Create quarterly community update meetings and share broadly for both community organization and community resident engagement. These meetings will be open and

accessible to anyone who would like to engage, and feedback opportunities and input will be welcomed and requested. 3) Community conversations and relationships will continue with organization and community leaders who represent the most vulnerable communities within and beyond Adams and Hancock County.

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**When you're finished answering the questions on this page, click [Mark as Complete](#). An application cannot be submitted until all pages are marked as complete.**

Not finished with this page yet? Click [Save](#) or [Save & Continue](#) to fill out the missing information at a later time.

## 5. Community Input

### HELP AND SUPPORT INFORMATION

**Note on work process:** We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

**If you need help or have a question:**

- For guidance on this form, consult the [HTC Application Instructions resource](#).
- If you have a question about the subject matter of the application, email [HFS.Transformation@illinois.gov](mailto:HFS.Transformation@illinois.gov) before October 15. Questions will not be taken after that date. Check for answers at the [HTC FAQs page](#), which will be updated continuously between October 1 and October 15.
- If you need technical support in Amplifund, email [support@il-amplifund.zendesk.com](mailto:support@il-amplifund.zendesk.com) with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.
- If you'd like to consult support resources provided by Amplifund: Visit the vendor's [support website](#) for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.

### Service Area of the Proposed Intervention

1. Identify your service area in general terms (e.g., "West Chicago", "East St. Louis Metro Area", "Southeastern Illinois").

West Central Illinois

2. Please select all Illinois counties that are in your service area. (NOTE: Selecting a county does not mean that your intervention must service the entire county.)

(Hold CTRL+click on a PC or command+click on a Mac to select multiple counties).

Select counties:

Adams, Brown, Hancock, Mason, McDonough, Pike, Schuyler, Scott

3. Please list all zip codes in your service area, separated by commas.

62343, 62360, 62345, 62365, 62312, 62301, 62305, 62376, 62351, 62379, 62348, 62347, 62338, 62359, 62325, 62320, 62349, 62339, 62311, 62334, 62336, 62341, 61450, 62354, 62358, 62367, 62373, 62379, 62380, 62313, 62316, 62321, 62330, 62610, 62621, 62663, 62694, 62312, 62314, 62323, 62340, 62343, 62345, 62352, 62355, 62356, 62357, 62361, 62362, 62363, 62366, 62370, 62353, 62375, 62378, 61411, 61416, 61420, 61422, 61438, 61440, 61455, 61470, 61475, 62326, 62374, 61452, 62319, 62344, 62367, 62624, 62639, 62681, 61532, 61546, 61567, 62617, 62633, 62644, 62655, 62664, 62682

### Community Input

#### Note on the importance of community input:

*For collaborations to meet the real-world needs of the community members they intend to serve, it's imperative that projects be designed with community member input. We are looking for projects that engaged community members in the design of the intervention being proposed. Methods of community participatory research are encouraged.*

1. Describe the process you have followed to seek input from your community and what community needs it highlighted.

The community areas that this application seeks to serve are the primary service areas of Adams and Hancock County, and six additional counties where the ISC partners currently provide services. The ISC approach is regional and grounded in the needs identified by the communities they serve.

Community input has come through three key channels: 1) Existing community health planning process, which included community survey collection. 2) Direct input from community regarding specific pillars of the project. 3) Communication with key stakeholders who have long-standing partners as well as partners identified through the racial impact assessment process. Below is a review of these three communities input mechanisms which demonstrate the responsiveness of this proposal to the community needs.

#### 1)Existing community health planning process input

The ISC partners with other healthcare organizations and community leaders participate in the establishment of a community health needs assessment every three years. This process requires a robust community engagement and feedback process to identify key areas of need and action to address community health needs. The Affordable Care Act of 2010 required that non-profit tax-exempt hospitals conduct community health needs assessments every three years. In Western Illinois, healthcare and public health have been working in partnership to identify key community health needs, with robust community input, engagement and accountability, and alignment of efforts to improve health outcomes. The key findings from community input for the most recent community health needs assessments for both Adams and Hancock County are listed below.



The Adam's County Community Assessment led by the United Way of Adams County was most recently updated in 2021. In 2021, the United Way of Adams County applied for and received an R3 – Restore. Reinvest. Renew Assessment and Planning Grant from the Illinois Criminal Justice Information Authority. The purpose of the Assessment and Planning grant is to support community organizations to assess community needs and develop a plan for delivery of economic development, violence prevention, re-entry, youth development, and civil legal aid services. This Adams County Community Assessment is the first step in developing a plan to address community concerns and needs. As part of this process, a Community Building Council which represents a multi-sectoral group of stakeholders, including Quincy Medical Group, is working together to address the top community health challenges and concerns the community is facing, including: Mental Health, Substance Abuse, Obesity, Diabetes, Physical Inactivity, and the Covid-19 Pandemic.

The updated CHNA survey was able to secure feedback from 861 respondents via two survey instruments. Respondents from the surveys were 92.3 percent white or Caucasian, 4 percent Black or African American, 0.9% Hispanic or Latino, 1.5% Asian or Asian American, and 2.5% other. These demographics generally match the demographics of the Adams County region. However, authors of the 2021 CHNA, as well as Quincy Medical Group, recognize the limitations in substantive data analysis without appropriate representation from communities with lower-socioeconomic status. Also included in the survey results was the intel extracted from in-depth interviews with 33 key stakeholders on the front lines of community health and social service.

Over 50 percent of survey respondents reported the overall health of Adams County residents had declined in the past 10 years. It is important to view this data through the lens of our changing demographics. The population of Adams County has decreased by 2.5 percent since 2010. At the same time, the number of residents age 65 years and older has increased by 2.8 percent while the working age population of 25 to 34-years old has remained relatively unchanged.

As part of the assessment process a community survey was conducted to gain feedback regarding the focus areas and key areas of need within the community.

- 861 total survey participants
- 535 2-Question Community Themes Survey Responses
- 36 Key Informant Interviews
- 290 Key Informant Survey Responses
- 64% Response Rate to Key Informant Survey and Interviews

- Key Informants were identified with the help of the Community Building Council and include representatives from community sectors such as government, social service, churches/fait, healthcare, business, education, and nonprofit organizations.

A total of 861 surveys were collected, the survey was promoted via social media, traditional media and through partner agencies. Over 50 percent of Adams County residents reported having at least one chronic health condition (2015-2019 Illinois Behavioral Risk Factor Surveillance System). Many of the chronic diseases diagnosed in community members are preventable.

Stakeholders identified mental health, obesity, and substance abuse as top health concerns in the community. Adams county residents rated the overall physical health of Adams County residents a 5.66 on a scale of 10. This correlates with secondary data highlighting concerning health trends around obesity, diabetes, and physical inactivity among Adams County residents.

The adult obesity rate in Adams County is 38 percent compared to 30 percent in the state of Illinois. Over 70 percent of Adams County residents are overweight or obese according to the Illinois Behavior Risk Factor Survey (2015-2019).

Adams County residents rated the overall mental health of Adams County residents a 5.71 on a scale of 10. This correlates with secondary data highlighting concerning mental health trends:

- 14 percent of Adams County adults reported frequent mental distress (14 or more days of poor mental health per month) compared to 12 percent of Illinois adults.
- Drug overdose deaths in Adams County increased from 11 deaths in 2019 to 41 deaths in 2020.
- Adams County ranks among the highest counties in Illinois for methamphetamine arrests.

In fact, one of the leading causes of death under age 75 in Adams County is Intentional Self-Harm. (Source: 2021 County Health Rankings, CDC WONDER) The survey indicated that 41 people died of a drug overdose in Adams County in 2020 compared to 11 people in 2019. Adams County ranked among the highest counties in methamphetamine arrests per 100,000 population – in the 164.3 to 568.2 range. Rural counties in Illinois had the highest methamphetamine arrest rate in 2017 according to data from a 2019 report titled, A State and National Overview of Methamphetamine Trends published by the Illinois Criminal Justice Information Authority.

Mental health provider shortages, overall access issues, and high rates of co-occurring mental disorders and substance abuse issues all raise concerns about the state of behavioral health in Adams County. 14 percent of Adams County adults reported 14 or more days of poor mental health per month. This compares to 12 percent overall in Illinois. (Source: 2021 County Health Rankings, Behavioral Risk Factor Surveillance System) The ratio of population to mental health providers in Adams County is 360:1. Also, 43 percent of surveyed Adams County 10th graders reported they experienced depression in the 2020 Illinois Youth Survey, up from 40 percent in 2018. Finally, in 2019, the U.S. Census Bureau estimated that 6.1 percent of Adams County residents lives without any type of health care insurance. 5.8% of Adams County residents report they are unable to visit a doctor due to cost and 10.5% of Adams County residents report they could not fill a prescription due to cost.

Memorial Hospital in collaboration with Hancock County Health Department conducted a community health needs assessment (CHNA) for 2021. This process allows for the hospital to align the services it provides with the community needs. The regular evaluations seek to ensure the community needs are met, and that there is progress to improving the quality of life and health in the community. A survey was conducted January-March 2021 to collect community input of health needs. The survey was distributed both digitally and in paper and was also given to residents attending vaccine clinics. A total of 1,087 residents completed the survey. The Agency Collaboration Team (ACT), a collection of community leaders, advised the development of the CHNA survey and selection of health priority areas. The ACT group reviewed the data analysis of the survey in June 2021. The survey asked people to identify the top five most pressing health problems in Hancock County. The following are the areas that emerged: cost of healthcare and medication (65%), ability to pay for care (57%), cancer (50%), drug abuse (42%), obesity (42%), lack of health insurance (37%), and mental health (36%). The services most requested by respondents were, mental health (17.3%), supportive services (11.1%), specialist services (8.8%), diet and nutrition services (7.8%), and Fitness/Exercise/Wellness (7.2%). Utilizing the data received through the survey, three priority focus areas were identified: poor physical health maintenance, mental health, and cancer. Each health priority identified was then broken down into: risk factors, direct contributing factors, and indirect contributing factors. This process aided in identifying goals, objectives and interventions needed to address the community needs. The 2021 mental health goals are: 1) to improve general mental wellness through community education on effective stress management and resiliency. 2) increase access to mental health and substance use services for adult and child residents of Hancock County.

The Collaborative directly addresses the community needs identified by increasing access to care, providing an expansion of behavioral health care services and create a more community integrated system of care.

## 2) Direct input from community regarding specific pillars of the project.

*The ISC's projects were developed over a period of five years through a variety of conversations and received support from many community members including patients, employers and community organizations. The Memorial Hospital Board of Directors is comprised of fourteen community members. Twelve members are from the west central Illinois area and two members provide insight from areas outside of the region. All of the ISC's projects received overwhelming support from the fourteen member board.*

### Small Format Hospital

There has been a demonstrated and significant broad base of community support for the work of the ISC including 520 letters of support for the small-format hospital. The letters of support include over 300 individual patients, over 150 employees, and 83 letters from community organizations and community leaders like:

- Current Quincy Mayor, Mike Troup
- City of Quincy Treasurer, Linda Moore
- Great River Economic Development, Board of Directors
- Quincy Chamber of Commerce, Board of Directors
- The District, Board of Directors
- Employer Health Coalition, Board of Directors (represents X individual area employers in west central IL)

Key employers in the community also submitted letters of support such as Knapheide Manufacturing, Titan International and McNay Trucking. Each letter describes the community's desire for increased access to affordable healthcare services in west central Illinois.

In addition, numerous meetings were held with managed care companies and insurers just to understand where they saw the future of health care going and how populations could be best managed in a more personalized way while reducing the overall costs of care. In addition, key EMS leaders were engaged to gain feedback and input.

To gather community feedback regarding the small-format hospital proposal, over 100 forums were held including Zoom calls, phone calls, in-person meetings at the Quincy Town Center and others, to gather feedback. Community leaders and employers responded very favorably, feedback from the community indicated that many people supported this proposal because the community trusts the physicians and clinical staff that are developing it. Business owners, several boards, and community leaders provided letters of support for this project. The care design of the small-format hospital reflects an intentional focus on affirming practices to ensure the hospital is a place where all people feel comfortable receiving care based on feedback from people in underrepresented areas served by the proposed hospital.

### Stakeholder Input for Rural Health Village

On August 30, 2021, the CEO of Memorial Hospital held a meeting with the mayor of Hamilton, Illinois. During that meeting, plans for the Rural Health Village were outlined and the mayor expressed support for the project recognizing the service enhancement to the community along with the economic development opportunities the project would afford. In follow-up, the Memorial Hospital CEO made a presentation to the Hamilton City Council on September 20, 2021. During that meeting, the Rural Health Village and other aspects of the Ideal State Collaborative were discussed. The Council was enthusiastic about the projects and expressed support for the expansion of current and addition of new services to the community. On November 16, 2021 the CEO of Memorial Hospital held a meeting with the elected officials who represent Montebello Township. During that meeting, plans for the Rural Health Village were outline and the elected officials expressed support for the project.

## 3) Direct input regarding Ideal State Collaborative's full proposal.

The ISC's leadership team utilized Exhibit 04.1, a power point presentation, to share the full collaborative proposal with key partners to gain feedback, input, and support for the proposal. The following leaders and organizations received a briefing and provided feedback and support for the proposal. Exhibit 04.1 also includes the letters of support that were provided by the organizations.



The following leaders and organizations who provided direct input for the proposal as well as letters of support:

Mayor of Hamilton, David Bierbaum

Bishop Warren of EL Warren ministries

Cullinan Properties

Samantha Harnack, Executive Director of Hancock County Economic Development

Jerome Lee, Pastor, First Christian Church

Mental Health Centers of Western Illinois

Elected Officials who represent Montebello Township, Hamilton, Illinois

### Community Outreach and Engagement Strategy

The Collaborative will continue community conversations and engagement post-submission of this application. Three key strategies will be deployed: 1) Connect with existing community forums and tables and continue to share The Collaborative Healthcare Transformation Proposal. 2) Create quarterly community update meetings and share broadly for both community organization and community resident engagement. These meetings will be open and accessible to anyone who would like to engage, and feedback opportunities and input will be welcomed and requested. 3) Community conversations and relationships will continue with organization and community leaders who represent the most vulnerable communities in both Adams and Hancock County and six surrounding counties.

Adams County has a population of 67,103, 20.7% is 65 or over, higher than the national average, 50.4% of the population is 18-64, 22.6% is under 18 years old, and 6.3% are under 5 years old. 50.7% of the population is female, and 49.3% are males. The racial and ethnic composition of Adams County is as follows, 92.8% is white, 3.9% is Black or African American, .3% is American Indian & Alaska Native, .9% is Asian, 2.1% are two or more races, 1.8% is Hispanic or Latino. 2.1% of the population speaks a language other than English at home. 84.7% of the population has a computer at home, and 78.2% have access to broadband internet. 9.9% have a disability under the age of 65, which is higher than the national average, 5.6% do not have health insurance. Median household income is \$52,993, and 12% of the population experiencing poverty (US Census Quick Facts 2019). There is a higher teen birth rate in Adams County, 22.4%, and a high preventable hospital admission among Medicare beneficiaries, 5798

Hancock County has a population of 17,708, 23.5% are 65 and over, higher than the national average, 20.9% are under 18 years old, 5.3% are under 5 years old. 50.5% of the population is female, 49.5% are males. The racial and ethnic composition of Hancock County is as follows, 97.4% is white, .6% is Black or African American, .4% are American Indian & Alaska Native, .4% is Asian, .1% is Native Hawaiian and other Pacific Islander, 1.6% are Hispanic or Latino. 1.7% of the population speaks a language other than English at home. 81.3% of the population has a computer at home, and 72.7% have access to broadband internet. 9.1% have a disability under the age of 65, 6.9% do not have health insurance. Median household income is \$53,561 and 12.3% of the population is experiencing poverty (US Census Quick Facts 2019).

The Ideal State Collaborative engaged community and key stakeholders in the region through long-standing community assessment processes and through direct relationships with partners and community leaders in the region. The collaboration of these two storied institutions, who have always demonstrated a deep commitment to serving their communities, brings together Memorial Hospital's 70 years of service and experience running as a locally owned critical access hospital and QMG's more than 80 years of physician-led healthcare, and patient and community centered care. While QMG is not a non-profit organization, they are committed to reinvesting their excess revenue to community health efforts.

This Collaborative is emblematic of what it looks like when organizations come together, driven by both community input and engagement and by a desire to transform the health of their communities in a substantive and meaningful way. The Collaborative reviewed community input, in addition to healthcare usage data, to inform the development of the 5 pillars of this proposal. The Collaborative's application provides a holistic and innovative solution for the much-needed healthcare services for both physical and mental health in the region, while also addressing social needs and barriers to care.

2. Please upload any documentation of your community input process or findings here. (Note: if you wish to include multiple files, you must combine them into a single document.)

Ideal State Collaborative\_Letters of Support

### Input from Elected Officials

1. Did your collaborative consult elected officials as you developed your proposal?

- ☒ Yes  
☐ No

1A. If you consulted Illinois federal or state legislators, please select all legislators whom you consulted.

(Hold CTRL+click on a PC or command+click on a Mac to select multiple legislators).

Select legislators:

1B. If you consulted local officials, please list their names and titles here.

Pro Tem Mayor of Hamilton: Dave Bierbaum

Hamilton City Council Members: Tommy Buckert, 1st Ward Alderman; Bev Boone, 1st Ward Alderman; Steve Schlatter, 2<sup>nd</sup> Ward Alderman; Debbie Summers, 3<sup>rd</sup> Ward Alderman; Brandon Wilson, 3<sup>rd</sup> Ward Alderman

Elected Officials who represent Montebello Township, Hamilton, Illinois

[Input from Elected Officials - Optional] Please upload any documentation of support from or consultation with elected officials. (Note: if you wish to include multiple files, you must combine them into a single document.)

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## 6. Data Support

### HELP AND SUPPORT INFORMATION

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**Note on the importance of data in proposal design:**

*It is imperative that applicants use data to design the proposed work. HFS is seeking applications that are "data-first." This means that applicants used data to determine health needs and designed and targeted the proposed work to meet those needs.*

*Examples of relevant data include, but are not limited to, data from the [community data reports](#) produced by UIC, data analysis of healthcare utilization data, qualitative and quantitative surveys, literary reviews, etc.*

1. Describe the data used to design your proposal and the methodology of collection.

Based on data-driven analysis, the design of this proposal was developed to reach the partnership's shared goal of improving health outcomes and reducing healthcare disparities specific to the communities surrounding and within Adams and Hancock County. The Ideal State Collaborative used a variety of data sources in support of the innovative projects intended to provide a lower cost, more complete continuum of care. Conclusions from the data analysis support the following proposed solutions:

#### Small Format Hospital

The small format hospital, proposed to be established in Quincy, Illinois directly addresses the community needs identified in the Adams County CHNA. Survey respondents identified several social determinants of health (SDOH) as critical issues facing Adams County, including economic insecurity and limited transportation. Currently, only one full-service hospital operates in Quincy, Illinois, forcing residents to travel a great distance to receive more affordable care, assuming reliable transportation is available to them. Additionally, the Adams County population is aging; over 20% of residents are at least 65 years old, and these patients may be delaying or forgoing needed care due to travel-related barriers. Today, with only one available hospital, high costs have driven many Adams County residents, where 1 out of 3 households fall below the Federal Poverty Level (FPL), to make healthcare decisions based on their ability to pay. Poverty and a lack of financial stability were also highlighted in the 2021 Adams County CHNA, noting the unique stress these economic circumstances can place on children. In fact, 18.3% of Adams County children under the age of 18 lived in poverty in 2019, higher than the rate in Illinois and the U.S. average. Literature shows that children raised in poverty are at greater risk for a multitude of negative outcomes including physical health problems and developmental delays. Equipped with this information, it is recognized that the proposed hospital is the solution to improving the access to high quality, affordable care for the residents of Adams County, and beyond.

Residents of rural communities, including Medicare and Medicaid beneficiaries, face unique obstacles when seeking healthcare services including limited options in healthcare services and specialties and lack of access to technological and care delivery innovations. A strong local and national focus to address these obstacles and disparities is evidenced by recent initiatives of the Centers for Medicare & Medicaid Services (CMS) to provide ways for rural communities to transform their healthcare delivery systems through leveraging innovative financial arrangements and providing operational and regulatory flexibilities for rural providers. The partnership seeks to achieve the goal of improving Medicare and Medicaid beneficiaries' access to high-quality, affordable healthcare services in the rural communities in which they live with the Small Format Hospital.

#### Birth Center

The vision for expanding access to women's healthcare and addressing health inequities through education was informed by examining needs in the community and performing robust data-analysis. For women experiencing a low-risk pregnancy, a freestanding birth center offers a safe, cost-effective alternative to traditional maternity care provided in a hospital. Based on guidance from the American Association of Birth Centers (AABC), it is expected that at least 6% of births within a 50-mile radius and 3% of births within a 75-mile radius will occur at the Birth Center. To further develop the Birth Center's model of care, QMG is partnering with Memorial Hospital's certified nurse midwife to support the provision of high touch services that are typically unavailable in a hospital setting. By proposing to establish not just the first birth center in Quincy, Illinois (Planning Area E-05) but the fifth birth center in the entire state, the Birth Center will significantly increase access to alternative care options for women in Adams and Hancock County. Addressing health inequities is another key element to the proposed birth center. National research shows that high-risk births are disproportionately attributed to BIPOC women, with black women in the United States over 50% more likely to deliver a premature baby than white women. Furthermore, one of the most common causes of infant mortality in the United States is premature or preterm birth. The Collaborative intends to establish a women's health community education forum that will provide critical information to promote healthier pregnancies and low-risk births. Providing women and children's health education programs through the Birth Center is emblematic of the Collaborative's commitment to addressing and reducing health inequities in their community.

## **Hospital at Home**

The COVID-19 pandemic has shed light on the critical need for Hospital at Home models which aide in mitigating inpatient hospitalization while still providing high quality care. During times of crisis, the Hospital at Home model cannot only be a more cost-effective option but can also be a safe and efficacious alternative to those seeking acute hospital care. In Adams and Hancock County, CHNA reports have been instrumental in guiding the vision and design of the Hospital at Home framework. The data extracted from the CHNAs exposed the need for improved access to low-cost, high-quality care and the need to address the social determinants of health, like transportation, that are impeding community members from accessing care.

Studies show that for specific populations, like acutely ill older patients, treatment in a Hospital at Home model of care has been shown to achieve shorter average lengths of stay compared to traditional in-patient care, at 3.2 days compared to 5.5 days, respectively. Additionally, Hospital at Home programs substantially reduce hospital readmissions and unnecessary emergency department visits. As both Adams and Hancock County have a rapidly aging population that is higher than the national average (20.7% and 23.5%, respectively), the Collaborative recognizes the benefits this innovative care model will provide to this demographic.

The Ideal State Collaborative is focused on continuing to transform the delivery of healthcare in the region by addressing the current needs and desires of its patients and payors, while simultaneously building resilient healthcare delivery systems to prepare for the future. The expanded care capabilities of a Hospital at Home model will allow populations such as the acutely ill, immuno-compromised, those with physical limitations, and others, to access comprehensive care within a comfortable and familiar environment.

## **Rural Health Village**

Significant reinvestment is required to address the unmet health needs, social determinants of health, and economic instability that has overwhelmed Hancock and Adams County. Over the next five years, the Collaborative proposes to operate a rural health village that, in addition to providing essential care services like expanded primary and specialty care, will also offer services to support the community more holistically. Financial and economic insecurity can have a significantly greater impact on rural communities than urban or suburban areas. Currently, over 12% of residents in both Adams and Hancock County live in poverty and literature shows that economic hardship can have adverse effects on mental and physical health. Responses collected from the 2021 Hancock County CHNA reveal that obesity and drug abuse were some of the most needed health education services, according to residents. The Rural Health Village seeks to support their community by offering integrative medicine services like stress management counseling as well as a suite of behavioral health services such as substance abuse counseling and education, medication assisted treatment, and relapse prevention training. The report also indicates residents are deeply concerned with lack of access to healthy foods and lack of nutritional education. Indeed, the Hancock County CHNA identified physical inactivity, poor healthcare utilization, and poor food/nutrition options as the top risk factors. The Rural Health Village aims to meet this need by offering a community health and wellness center that will include indoor fitness classes, culinary medicine services, nutrition and cooking classes, and a community garden.

Additionally, with no nursing facility care available to the elderly population, establishing the proposed Senior Assessment Center in the Rural Health Village will provide case management and comprehensive healthcare options to the elderly.

## **Behavioral Health Expansion**

Demand for behavioral health services is increasing, with 52% of behavioral health organizations across the country experiencing the pressure to offer more services to a growing patient population. Relatedly, capacity is diminishing because of the pandemic, and 54% of organizations have had to close programs while 65% have had to cancel, reschedule, or turn patients away entirely. For millions of Americans, access to quality behavioral healthcare services is at risk of disappearing. Community input from key stakeholders have highlighted the same increased demand for expanded access to behavioral health services. The Collaborative plans to resolve this by establishing a behavioral health center and implementing integrated behavioral health into their existing clinical locations. The need for expanded behavioral health services, especially in rural communities that recently experienced job or income loss, was also echoed in the CHNA data. Literature shows the impact of the COVID-19 pandemic and the resulting tumultuous economy, has significantly affected the mental health of many communities. Furthermore, those who were experiencing substance use disorders prior to the pandemic were more likely to report increased substance abuse and symptoms of mental illness during the pandemic. Currently, QMG's only path to providing behavioral healthcare services is through outpatient counselling where patients can expect an approximate wait time of one month. The opportunity to improve access to behavioral healthcare is realized through the creation of new access points, bigger space for care, expansion of services, and expansion of staff. This clinic would provide support to the community and current patients to help address urgent/ timely behavioral health needs that cannot afford to wait for outpatient counseling, including a walk-in clinic for mental health support via telehealth for afterhours support. The partnership is omitted to advancing health equity by developing programming to capture patients who have previously been inaccessible today through new interactions and access points, such as mental health screening and education for law enforcement, virtual support groups, and mental health first aid trainings.

## **Virtual Care Platform**

The partnership also proposes to implement an electronic platform that will be the support service that links across all five pillars. Further integrating the suite of healthcare services, this platform will allow the Collaborative to operate the Hospital at Home model and provide chronic disease care management. The platform will allow for the provision of continuous monitoring of patient's conditions in their home resulting in a lower cost of care while still providing hospital level care at home. The platform will also allow for remote monitoring of chronic conditions through devices and regular telehealth check-ins. To address the higher-than-average rate of obesity, according to County census data, a specific virtual program has been designed to tackle obesity and weight management. By integrating the virtual care platform into the electronic medical record (EMR), the continuum of care for Adams and Hancock County patients will be a frictionless experience.

## **Conclusion**

Based on the prioritization of needs voiced by the residents within and surrounding Adams and Hancock County, and backed by robust data analysis and literature review, the Collaborative is energized and excited to pursue their proposed projects. Taking a community-focused, patient-first approach has been the guiding light to shape this shared vision of improved health outcomes and continues to be the guiding light for the future of this partnership. The Ideal State Collaborative is confident that their goals and benchmarks for success aligns with the HFS Department's Quality Strategies.

2. Attach the results of the data analyses used to design the project and any other relevant documentation. (Note: if you wish to include multiple files, you must combine them into a single document.)

Ideal State Collaborative\_Data Sources

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## 7. Health Equity and Outcomes

### HELP AND SUPPORT INFORMATION

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- If you'd like to consult support resources provided by Amplifund: Visit the vendor's [support website](#) for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.

1. Name the specific healthcare disparities you are targeting in your service area, including by race and ethnicity. Describe the causes of these disparities that your project specifically seeks to address and explain why you have chosen to address these causes.

All five pillars of the proposal include an explicit focus to address health equity. The Ideal State Collaborative is addressing persistent social needs such as transportation, housing insecurity, food insecurity and access to care. This project will expand on the existing work and monitor specific impact measures on a quarterly basis to ensure that the community needs are being met

In addition, given the limitations of the data availability in the region regarding racial and ethnicity data, the Collaborative will be actively working to improve data collection and monitoring to ensure that healthcare disparities will be prioritized and addressed directly by the Collaborative.

The Ideal State Collaborative is committed to:

- Sustained engagement through trusted personalized relationships and long-term health.
- Adjusting to the need as the underrepresented face new obstacles.
- Permanently change the healthcare landscape to provide a more affordable, higher quality care experience for all.
- Connecting people and resources at a deeper, more personalized level.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

Addressing race and health equity is not a one-time activity, instead, the Collaborative proposes an approach that will be deployed across all the pillars of the project. This approach will include the following processes and strategies:

1. The Collaborative is committed to strengthening the collection of racial, ethnic and language (REAL) data. To address the disparities of care and improve health outcomes, it is critical to collect and review the data on a regular basis. But even before you review the data, it is important to ensure that those who are inputting the data are aware of the importance of the data's accuracy and regular collection.

#### Action Steps:

- a. Frontline staff will be trained regarding the data collection process.
- b. A yearly training will be provided to ensure the information is shared with staff as a refresher.

2. Programs, service delivery, and resources will be directed to promote access for all. The Collaborative will ensure that through the implementation of all the pillars, the group will review the racial, ethnic and language (REAL) data.

#### Action Steps:

- a. Outcome data and metrics collected will be presented by race and ethnicity.

3. Continued Commitment to diversity and inclusion

**Action Steps:**

- a. The Ideal State Collaborative will develop programs to proactively outreach to minority job applicants, vendors, contractors, etc.
- b. Identify ways to actively engage and include minorities in management positions.
- c. Identify ways to actively engage and include minorities in leadership on the Collaborative's Board.
- d. The Ideal State Collaborative has created a diversity, equity and inclusion work group to develop and implement the strategy systemwide.

**4. Assessing social determinants of health to identify resources most needed****Action Steps:**

- a. Universal screening tool will be implemented through the virtual platform across both partners. This tool will identify key social needs of the patients which will be then navigated by the care coordination team. The team members will work to identify community organizations that can provide the needed services and supports to aid patients in their journey for health and wellness.

**5. Develop workforce pathways****Action Steps:**

- a. Community health worker role to educate, advocate for and navigate on behalf of vulnerable patients.
- b. Build on the Rural Health Navigator Program.

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

**3. Why will the activities you propose lead to the impact you intend to have?**

The proposed activities will create the impact that is intended because the action items address the full scope of the project, but also the Ideal State Collaborative seeks to address the equity needs at the organization level, workforce level, community level and individual level. The strategy to impact the complete socio-ecological model will ensure long-lasting enduring change that will change the delivery system in a way that will produce improved health outcomes for the most vulnerable population. This approach is not a one-time approach, rather it is building health equity into the infrastructure in the entire proposal.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

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## 8. Access to Care

### HELP AND SUPPORT INFORMATION

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1. Name the specific obstacles or barriers to healthcare access you are targeting in your service area. Describe the causes of these obstacles that your project specifically seeks to address and explain why you have chosen to address these causes.

Overall, the ISC's projects seek to create increased access to transformative healthcare services while addressing the specific obstacles that are present across the region. While the ISC addresses some of the more tangible barriers, such as increasing access to transportation, the partnership has identified the greatest barrier to healthcare access is the absence of healthcare services and locations that adequately meet the needs of the Adams and Hancock County and surrounding county residents. Most apparent is the critical need to increase the availability of behavioral health services. The physician group's practice has an extensive existing outpatient behavioral health service and the critical access hospital has outpatient geropsych and a new behavioral health program focused on addiction. The engagement conversations with the community have revealed an ever-increasing need for expanded behavioral health services. The ISC seeks to expand behavioral health services and outreach to increase access for people still experiencing barriers to accessing necessary behavioral health support.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

Current activities that the ISC has undertaken to address barriers to accessing critical behavioral health services include strategic partnerships with community-based organizations. Through these partnerships the ISC can provide outreach and behavioral health support to engage in conversation with the people in underserved neighborhoods; developing trust and fostering engagement that increases use of healthcare services in the future. Additionally, the partnership intends to expand behavioral health services at the proposed Small Format Hospital and Rural Health Village, offering the residents of Adams, Hancock County and the four surrounding counties with increased access and options for adult and child behavioral healthcare services.

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Why will the activities you propose lead to the impact you intend to have?

Strengthening the accessibility of care to communities most in need will result from fortifying existing partnerships and conducting ongoing outreach. Through continuous community engagement, opportunities to seek and receive healthcare and behavioral health support services will be achieved.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

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## 9. Social Determinants of Health

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**Note on the significance of social determinants of health:**

*A full 50% of a person's health outcomes can be attributed to social determinants of health (that is, factors such as education, economic stability, housing, access to healthy food, access to transportation, social support and environment). Given this, we are looking for collaborations that meaningfully address social determinants of health in coordination with physical and behavioral health.*

1. Name the specific social determinants of health you are targeting in your service area. Describe the causes of these social determinants that your project specifically seeks to address and explain why you have chosen to address these causes.

The Ideal State Collaborative is deeply interested in identifying and addressing the social determinants of health care as a collaborative. Across all five of the proposed pillars, social needs are being identified and strategies are being designed to address those needs.

The key social determinants that have been identified and included in this proposal are access to transportation, affordable housing, and food. Access to these key resources is critical to ensuring that those who access the new services provided through this project will be able to have better, and longstanding health improvement.

### Transportation

The lack of access to transportation in this region is due to limited infrastructure and resources serving a smaller more rural population in the region. Hancock, Adams and the surrounding counties are made up of a small city and many rural communities. The community has provided feedback that transportation limits people's access to health care services and employment. The Quincy Transit bus system runs from 6:00 a.m. to 6:00 p.m. Monday through Friday. This limited time schedule dramatically decreases access to anything after 6pm or on the weekends and it only serves people in limited geographies. QMG currently provides transportation limited support through waivers processed through the Quincy Medical Group Foundation.

Memorial Hospital has clinic locations throughout Hancock County. No-show rates and appointment cancellations due to transportation challenges provide a clear indication that patients are challenged by limited transportation options to access much needed health care services. The Hancock County Public Transportation System (HCPTS) provides scheduled, door-to-door public transportation to the elderly, disabled and all other residents of Hancock County. The HCPTS has vehicles equipped with wheelchair lifts or ramps and securement systems for wheelchair dependent individuals. Memorial Hospital has subsidized the public transportation system to add an additional vehicle to support patient's access to health care services in the community, but the needs are still not being met.

The Ideal State Collaborative is seeking to address this social determinant because this is a need the community's have expressed and to ensure being new services that are developed in this proposal are accessible to all in the region. Working to ensure that there is adequate transportation will reduce barriers to care and will improve health outcomes in the region.

### Affordable Housing

Community engagement conversations with organizations like Quincy Public Housing Authority, Quanada (Quincy Area Network Against Domestic Abuse) and attending meetings of the Quincy Area Partnership for Unmet Needs and others like the Salvation Army have revealed that affordable housing options are very limited in the region. This was recently highlighted by the closure of the Welcome Inn, an extended stay, low-cost hotel that displaced 400 people.

The Ideal State Collaborative is seeking to address the need for affordable housing in the region to ensure that those who are housing insecure or homeless will be able to effectively engage in the increased health care services that this proposal will provide to the region. It is well known that housing

insecurity and homelessness exasperates existing health conditions and create additional poor health outcomes.

### **Food Insecurity**

Access to adequate, healthy food is considered a significant determinant of health for children as well as adults. A report by Stacker on September 19, 2021 shows that Hancock County ranks #28 in child food insecurity at 16.4% of the population or 620 children. Overall food insecurity in Hancock County is 11.6%. Scott County ranks #44 with a child food insecurity rate of 15% and overall food insecurity rate of 11.3%, while Pike county ranks #49 with child food insecurity rate of 14.6% with an overall rate of 11.9%. The Ideal State Collaborative is seeking to continue their efforts to ensure that food insecurity issues are addressed in the region to compliment the efforts regarding expansion of access to health and wellness services that will be available at the Rural Health Village and through partnerships with food banks and soup kitchens throughout the region.

### **Access to Care**

Overall, the Collaborative's proposal seeks to create increased access to healthcare across the region for all healthcare services. One area that emerged as a critical component of healthcare with the region includes significant needs for behavioral health services. The Ideal State Collaborative partners have demonstrated a commitment to behavioral health and those who are underserved, and they are committed to expand the services through this proposal. Hancock County is similar to most other rural communities serving a higher percentage of seniors. Through engagement with the community, the Collaborative identified that seniors have specific behavioral health needs regarding coping with loss, retirement, alternative living arrangements, reduced income, loss related to leisure lifestyle and second careers were just a few of the issues creating stress, depression and anxiety in our aging population. This population was truly underserved due to the lack of a focused service. Providing transportation, medication management, individual and group counseling will continue to meet the needs of our aging population.

The Ideal State Collaborative is seeking to expand access to care for the region and will work to ensure that special needs populations, such as seniors and other vulnerable populations will have specific strategies developed to reduce barriers to access care in the region.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

The following are the strategies that are underway to ensure that the social determinants of health are addressed in Hancock and Adams County as well as the four surrounding communities.

In partnership with a group of local churches and other community organizations, the Collaborative will take a unique approach to the social determinants of health challenges in this community, specifically focused on poverty and service to those that are underrepresented in current efforts.

Poverty is not a simple lack of material possessions; it goes beyond material things. There are many factors to poverty; those needing charity can feel a sense of shame, inferiority and powerlessness. In the traditional approach, social determinants can cause issues to be misdiagnosed and symptoms are treated while the greater problem persists. This type of help can be harmful to the recipient. The Collaborative's conversations with community resources throughout the region will help to support upstream efforts that work through obstacles that create barriers to health and support sustained progress over time.

The community's resources need the support of effective, embedded engagement in the places where people in the most need live. Helping individuals overcome the trauma that often leads to barriers to health takes time, trustworthy relationships, and a calm, peaceful environment. Specifically, the Collaboration will include 4 dedicated individuals to act as trusted partners and resources for those most in need. These individuals will be embedded in neighborhoods and schools where those in need are located.

This support will include:

- Evaluating the factors leading individuals to poverty
- Bringing assets to the forefront
- Facilitate referrals for services
- Provide health education
- Connect people with resources
- Help people navigate the health care and social system
- Organize support groups and systems
- Assist in creating conversations around critical life decisions
- Being available in the community, meeting individuals where they are

In addition, this Collaboration will utilize several vehicles to tackle challenges facing the poor and underrepresented to provide support for the following

social determinants of health: food insecurity, affordable housing, and linkage to social needs.

### **Food Insecurity**

The first is providing support for food insecurity. Memorial Hospital supports the 11 food pantries in Hancock County with Food For Thoughts of Hancock County being a week-end meal program for children in five school districts who need nutritional support. The Collaborative, through their Rural Health Village, will have a venue for an afterschool meal program due to the proximity of that school district along with a full kitchen for meal preparation and educational offerings. The ISC will also provide nutrition support in the community through a food cart (mobile pantry), cooking classes and nutritional planning to people learn how to engage in affordable healthy cooking.

Before school started this year, QMG built a walk-up mini pantry on its campus for neighboring junior high students to get necessary food items before and after school or anytime in between. This pantry is stocked by QMG employees and is in partnership with the Quincy Neighborhood Federation (QNF). In addition to the pantry partnership, QNF and QMG worked together to provide necessities and services to families and children at the South Side Community's annual HELP Fair. QMG also provided on-the-spot COVID vaccinations at this event and while only two people were registered for the vaccine that evening, twelve people ended up getting fully vaccinated including one teenager. QMG Bridge the Gap Annual Race, has raised more than \$1 million in the last 21 years for MedAssist providing life-saving medication to those that cannot afford it. This year's race expanded to include the donation of nonperishable food items at race registration. More than 417 lbs. of food was donated to local food pantries as a result.

A personal project started by Memorial Hospital CEO in 2012 created a goal to provide a weekend meal bag for children most in need in Hancock County. Through recruitment of community volunteers and support from the local school system the 501c3 was established called Food for Thoughts Hancock County. This organization has grown from serving one school district and 24 children to 5 school districts and serving over 300 children in need. Three members of Memorial Hospital staff serve on a committee to ensure the Hospital is addressing food insecurity needs in the community. Food insecurity has grown in Hancock County, and Memorial Hospital intends to continue to educate and collaborate by providing resources through a new teaching kitchen that will open in 2022 and expansion of its Food & Nutrition Team. The Community Health Needs Assessment certainly noted the need for education around nutrition and wellness due to the growing issue of obesity and the related diseases.

The Ideal State Collaborative will continue to build on existing efforts to address food insecurity by leveraging the new virtual platform to better align and enhance efforts to serve those most in need. Screening and identification of need will aid in directing where resources should be focused, and where new efforts may need to be developed to meet the need in the community.

### **Affordable Housing**

Affordable housing has been identified in the recent United Way Adams County needs assessment as a community priority. "Good health depends on having homes that are safe and free from physical hazards. Poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development. Housing measures can also be considered proxy indicators of more general socioeconomic circumstances. Households experiencing severe cost burden have to face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford health insurance, health care and medication, healthy foods, utility bills, or reliable transportation to work or school. This, in turn, can lead to increased stress levels and emotional strain." Twelve percent of Adams County households have at least 1 of 4 housing problems: incomplete kitchen facilities, incomplete plumbing facilities, more than 1.5 persons per room, and cost burden greater than 50 percent. To help improve these problems, the Collaborative will partner with the YWCA to improve access to affordable housing. QMG has been hosting a fundraising event called "Bridge the Gap" for over a decade to bring awareness to good health. In the future, this event will focus its resources to providing awareness and funds for the YWCA supportive housing program. QMG has fully funded one 2 x4's for Hope home, a brand-new small home for a Veteran in need and has goals to build additional homes for this program.

According to the Federal Reserve, 77% of households are in debt. To develop financial sustainability for these individuals, the Collaborative will partner with a local organization to finance materials for a formal program that provides a 12-week educational course that helps individuals build knowledge and skills around predatory lending, poor credit, low financial literacy, and broken relationships. This program provides a gateway to successful housing relationships and supports other factors that prohibit people from living full lives.

The Ideal State Collaborative will continue to build on efforts to address affordable housing availability in the region, and will aid in linking those who are identified in by the social determinant of health screening to existing housing resources as well as identifying where new housing resources are needed.

### **Transportation**

The Collaborative intends to partner with local churches to initiate a program that will provide needed transportation. Funding for this transportation will be sought through local transportation infrastructure projects as well as through QMG's own investment. To aid in increasing access to care by providing transportation services to those in need, Memorial Hospital will address the transportation needs by working with the HCPTS to ensure that there is public transportation made available to those who are in need for the Rural Health Village, by identifying the communities most in need of transportation and ensuring that all programs working to engage those communities are able to access the transportation options and more transportation options will be identified as needed.

The Ideal State Collaborative will work to address transportation needs across the proposal implementation and will work with both local transportation providers, as well as new partners to develop innovative partnerships with local churches to address transportation needs. The virtual platform will also include an assessment that will help to identify patients with transportation needs.

### Linkage to Social Needs

The Virtual Care Platform, in addition to aiding in the provision of the Hospital at Home, and linkage to specialty care and care coordination, will also provide screening and connection for patients of the Ideal State Collaborative. This platform will allow patients to have care provided seamlessly and accessibly. Relatedly, this platform will be equipped with a universal screening tool developed for both clinical and social needs for patients. When patients are identified as having been impacted by one or more social determinants of health, the screening tool will also operate as a directory for care coordinators to identify the community providers who can best address those specific social needs. The universal screening tool will also function as a repository for collecting necessary racial/ethnic health outcomes data. The ISC has acknowledged gaps in existing county-wide data and feels confident their screening tool and virtual care platform aide them in building the foundation for a more comprehensive and holistic data system.

The Ideal State Collaborative is expanding healthcare access regionally, and is doing so with a foundation in equity, working to have a strong process of screening and identifying social needs, and building on existing collaborations and partnership to ensure that those needs are met in the community for those who need the help the most.

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Why will the activities you propose lead to the impact you intend to have?

The clear identification of the social determinants and identifying and deploying the strategies, as well as measure impact and outcomes, will be necessary to ensure we have the impact we intend.

For all of the proposed strategies, the Collaborative will track specific metrics, both process and outcome measures to ensure that these needs are being addressed. The implementation of the universal screening tool for social determinants of health will aid in creating baseline numbers of need and then the collaborative can track how they are meeting that needs across the region over time. Addressing the social determinants of health is a critical component of this work that will ensure the overall success of the proposal.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

County Trends

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## 10. Care Integration and Coordination

### HELP AND SUPPORT INFORMATION

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1. Describe how your proposal improves the integration, efficiency, and coordination of care across provider types and levels of care.

ISC partners have deep roots in the region and a history of working together to synergistically improve services in an area challenged by socioeconomic factors that lead to barriers in accessing health care. Many of the specialties available at Memorial are supplied by QMG physicians. Building on their strong relationships, the leaders of the ISC are excited to enhance their service integration and care coordination through the Illinois Health Care Transformation Collaborative funding.

In the primary service areas of the Collaborative, much of the population served lives in rural locations. The two entities are demonstrating their commitment to integration through joint procurement of a virtual care platform that will provide seamless care coordination for the patients.. This platform will be utilized by providers and importantly care managers who will be embedded in the practices to assure patients can access care at the right time, in the right place and at the lowest cost. The platform will also support expansion of telehealth services, serve as a command center for their hospital at home model, and collect and report social determinants of health statistics.

New services will be available across the continuum by decreasing redundancy where it makes geographic sense and sharing providers and services to cover multiple locations that make access to services easier for patients. The project will increase ambulatory care across primary, specialty and behavioral health care while integrating and co-locating services.

By redeploying underutilized beds from other hospitals in the region, a new small-format inpatient facility will offer an additional access point for patients who need hospital-based care. The ISC's proposed projects will offer an affordable care experience.

The ISC's plans to expand the existing Rural Health Coaches, a community health worker-type role. Additional coaches will be joined by community health workers who extend services into patients' homes and expand the care team to provide broader population health services.

The completion of the small format hospital will allow for navigation of care to appropriate levels, while coordinating this care through the various places of service with one electronic medical record and care management system to tie it together. The ISC's care model is designed for to navigate patients to the lowest cost care setting reducing avoidable hospitalizations and readmissions. The proposed small format hospital's care is delivered through a team-based model, with nursing at the center.

The small format model is designed to mirror CMS 5 Star Rated Hospitals like Memorial Hospital. Today, the greatest limitation to achieving these outcomes in the Quincy area is the inability to change the way care is delivered in the hospital setting. The small format hospital will allow the redesign of healthcare in this region. The history if the ISC's long-term collaboration helps assure its success. Both entities are part of the fiber of the community and a clear understanding of their community's needs. They are serving not just patients, but their neighbors who they see in the grocery store, at retail shops and in local gathering places.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. Do you plan to hire community health workers or care coordinators as part of your intervention?

- ☒ Yes  
☐ No

2A. Please submit care coordination caseload numbers and cost per caseload (stratified by risk, if applicable).



3. Are there any managed care organizations in your collaborative?

- 3A. If no, do you plan to integrate and work with managed care organizations?

- 3B. Please describe your collaborative's plans to work with managed care organizations.

QMG currently participates in several types of managed care groups in Illinois, including: Illinois Medicaid Managed Care, Illinois Medicare Medicaid Alignment Initiatives Managed Care, Medicare Advantage, and CMMI projects. QMG has actively participated in several Accountable Care Organizations. In addition to entering into an ACO with BCBSIL, QMG has actively participated in CMMI's NextGen ACO for 6 years and is entering into the CMMI Direct Contracting program in 2022. QMG has a history of success in managed care, demonstrated by the millions of dollars achieved in shared savings during years of collaboration with BCBSIL ACO and NextGen ACO.

When the small format hospital is approved and operational, the intent is to extend our managed care participation into the hospital place of service.

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## 11. Minority Participation

### HELP AND SUPPORT INFORMATION

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1. Please provide a list of entities that will be a part of your collaboration/partnership that are certified by the Illinois Business Enterprise Program (BEP) and/or not-for-profit entities majorly controlled and managed by minorities that will be used on the project as subcontractors or equity partners.

**Note on BEP partners/vendors:**

*If one of the members of your collaboration already contracts with a BEP-certified firm or a not-for-profit entity that is majorly controlled and managed by minorities, only include the services of the firm that will be used on this project. To be included, these services must increase the entity's volume of work above the level of services already provided to the collaborating member.*

**Resource to help you search for/identify BEP-certified vendors in Illinois:**

*If you are seeking BEP-certified entities to partner/collaborate with, you may consult our resource guide linked below on [How to Look Up BEP-Certified Vendors in the State of Illinois](#).*

Download resource:

[How to Look Up BEP-Certified Vendors in the State of Illinois.pdf](#)

List entities here:

Poepping, Stone, Bach & Assoc., Inc. (PSBA Engineering), MBE

Sustainable Custom Solutions Inc., WMBE

Cullinan Properties, WBE

Watts Copy Systems, WBE

Omar Medical Supply, MBE

2. Please describe the respective role of each of the entities listed above, and specify whether they will have a role only during the implementation of your proposal or if they will have a role in the ongoing operation of your transformed delivery system.

Poepping, Stone, Bach & Assoc., Inc. (PSBA Engineering), MBE

- Role: Provides architecture, engineering, surveying, and planning services.
- QMG + Memorial: Currently work with this firm, and they may have a role in civil and structural engineering and surveying.

Sustainable Custom Solutions Inc., WMBE

- Role: Sustainable Custom Solutions sells eco-friendly products that use recycled materials, reuse "recharged" existing parts, or use non-toxic alternatives. QMG: Currently works with this firm. QMG intends to purchase office and other supplies for the main campus and rural locations.

Cullinan Properties, WBE

- Role: The birth center and hospital are going to be located at the mall which Cullinan properties owns
- QMG: Currently work with this firm, they will have a vital in the transformation of the projects described in this application.

Watts Copy Systems, WBE

- Role: Provides office equipment and support services

- Memorial Hospital has leased equipment from this firm for over 15 years. QMG plans to lease copier systems for the new services provided

Omar Medical Supply, MBE

- Role: A distributor and direct importer of a variety of products, including gloves, can liners, protective clothing, towel and tissue, corrugated boxes, safety supplies and equipment.
- QMG: Currently work with this firm. They will provide trash can liners, PPE, and other materials..

The Collaborative contracts with other minority owned suppliers that are not BEP certified. These include services such as: construction, housekeeping, supplies, etc. In addition, the Collaborative is part of a group purchasing organization. Within that organization, there are 186 minority owned suppliers that may be utilized for this transformation project. In today's world of economic and work force challenges, working with diverse suppliers increases competitiveness and drives down costs. It provides opportunity for small and diverse organizations and provides access to innovative, agile solutions; and opens the Collaborative to new networks and marketplaces. Investing in small and diverse businesses also increases the economic impact in our community.

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

**Note for those wishing to apply for BEP certification:**

*We recognize that some individuals encountering this application may wish to gain BEP certification. Follow this [link to the state's Business Enterprise Program webpage](#) to begin the application process.*

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## 12. Jobs

### HELP AND SUPPORT INFORMATION

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### Existing Employees

1. For collaborating providers, please provide data on the number of existing employees delineated by job category, including the zip codes of the employees' residence and benchmarks for the continued maintenance and improvement of these job levels.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Memorial -QMG Job Class by Category - Zip

### New Employment Opportunities

2. Please estimate the number of new employees that will be hired over the duration of your proposal.

200

3. Describe any new employment opportunities in the future alignment of your proposal and how those opportunities reflect the community you serve.

In addition to the 200 new employees referenced in question #2, approximately 200-250 trade laborers will be utilized for the construction.

The expansion of services in both Hancock and Adams Counties will provide job opportunities for many residents in the community along with recruitment of professionals who will increase access to services. For local residents this may be an entry point into a career in healthcare that begins to move many out of poverty.

The projects in this application estimate 160 new employees across will be recruited across the spectrum of positions from professional staff to support staff in environmental services and nutrition services. The overall project will also provide new jobs for the region. Staff to support ambulatory services, home care and newly recruited physicians.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

4. Please describe any planned activities for workforce development in the project.

Memorial Hospital currently participates with the University of Illinois Rockford in the West Central Area Health Education Centers (AHEC). In the last two years, they have had an affiliation agreement with 27 schools, twenty-three of these contracts are still active today and one is with a high school for a co-op student. The AHEC mission is consistent with the goals of the partnership in this collaborative to "improve health care for the underserved by increasing access to learning and professional development opportunities for health professionals, promoting health careers development to students and enhancing collaborative, community-based health promotion activities." Students participating in the multiple AHEC programs through Memorial Hospital will be exposed to experiences in health care that creates a pipeline for new health professionals in the rural area. Local community members will also have new opportunities to be employed, specifically to be trained as community health workers that will expand the job market and increase the economic impact of the partnership.

[4 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

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## 13. Quality Metrics

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### Alignment with HFS Quality Pillars

*In order to complete this section, you will need to reference the HFS Quality Strategy document linked below.*

HFS Quality Strategy:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/IL20212024ComprehensiveMedicalProgramsQualityStrategyD1.pdf>

1. Tell us how your proposal aligns with the pillars and the overall vision for improvement in the Department's Quality Strategy.

The Ideal State Collaborative is aligned with several pillars of the Departments Quality Strategy.

The Small Format Hospital will address **Equity** for community in access to care by offering a lower cost alternative for inpatient and hospital-based services.

The Birth Center will address improvements in **Maternal and Child Health**.

The Hospital-at-Home model also addresses **Equity** issues and provides an option for **Community-Based services** for rural community residents with transportation barriers.

The new Rural Health Village will create new access points for **Community-Based Services and Supports** while playing a role in the **Behavioral Health Expansion** by creating a new access point and offering additional services for both Adult Behavioral Health and Child Behavioral Health.

For each of the pillars of the Ideal State Collaborative project, the Collaborative proposes to track and report metrics that demonstrate benefit to the community and return on investment for the state. The metrics align with the Illinois Comprehensive Medical Programs Quality Strategy 2021 – 2024.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

### 2. Does your proposal align with any of the following Pillars of Improvement?

2A. Maternal and Child Health?

- ☒ Yes  
☐ No

Maternal and Child Health: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

- Show a reduction in preterm birth rate and infant mortality
- Improve the rate and quality of post-partum visits

[Maternal and Child Health - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2B. Adult Behavioral Health?

- ☒ Yes  
☐ No

Adult Behavioral Health: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

- Improve integration of physical and behavioral health
- Improve transitions of care from inpatient to community-based services

[Adult Behavioral Health - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2C. Child Behavioral Health?

- ☒ Yes  
☐ No

Child Behavioral Health: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

- Improve integration of physical and behavioral health by creating new access points in the region
- Reduce avoidable psychiatric hospitalizations through improved access to community-based services

[Child Behavioral Health - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2D. Equity?

- ☒ Yes  
☐ No

Equity: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

- Serve more people in the setting of their choice through increased access to ambulatory services in a wider array of sites and providing an option for hospitalization and hospital at home

[Equity - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2E. Community-Based Services and Supports?

- ☒ Yes  
☐ No

Community-Based Services and Supports: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

- Addition of rural health coaches/community health workers to support patients in their homes and community for perinatal care and behavioral health services
- Partnerships with community-based organizations to facilitate referrals for social determinants of health to address food insecurity and transportation often linked to poverty

[Community-Based Services and Supports - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Will you be using any metrics not found in the quality strategy?

- ☐ Yes  
☒ No

[3A - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

**Note: Once metrics are agreed upon in the negotiated funding agreement, HFS will proceed to establish a baseline for the service community, a tracking process, and negotiated improvement targets.**

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## 14. Milestones

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For all activities described in your proposal, please provide a calendar of milestones to show progress (e.g., when IT will be purchased, when IT will be operative, when construction projects will begin and end, when people will be hired, etc.) The timeline should be in months from award.

Projects to begin in year 1 with construction and all services live by year 5

[Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Ideal State Collaborative\_Milestones

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## 15. Budget

### HELP AND SUPPORT INFORMATION

**Note on work process:** We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

**If you need help or have a question:**

- For guidance on this form, consult the [HTC Application Instructions resource](#). HFS has also prepared [technical video instructions](#) on how to fill out and submit a budget.
- If you have a question about the subject matter of the application, email [HFS.Transformation@illinois.gov](mailto:HFS.Transformation@illinois.gov) before October 15. Questions will not be taken after that date. Check for answers at the [HTC FAQs page](#), which will be updated continuously between October 1 and October 15.
- If you need technical support in Amplifund, email [support@il-amplifund.zendesk.com](mailto:support@il-amplifund.zendesk.com) with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.
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### 1. Annual Budgets across the Proposal

In order to fill out budgets correctly, please view these [technical video instructions](#) for completing a budget.

Use the Excel template below to list the line items of your budget. Working within one single Excel file, fill out sheets for each year that you are requesting funds.

Please check that all totals are correctly calculated, especially if you have added new rows to the spreadsheet. Applicants are responsible for submitting accurate totals. *Note: This spreadsheet has been locked, but not password protected.*

Some aspects of your budget request may be funded out of state capital dollars and not transformation funds. HFS will make decisions on funding source. Include all expenses for which you seek reimbursement in your budget regardless of funding source

**NOTE: Your budget should demonstrate a clear ramp down of reliance on Transformation funding and a ramp up of reimbursements for services and other funding sources that show sustainability over time.**

HTC Annual Budgets Template  
HTC Budget Template.xlsx

When completed, please upload your spreadsheet here.

Copy of Memorial Hospital and QMG Budget - 11.17.21

[Budget - Optional] Please upload here any additional documentation or narrative you would like to provide around your budget. Include any documentation regarding budget items in the Construction category (drawings and estimates, formal bids, etc.) (Note: if you wish to include multiple files, you must combine them into a single document.)

### 2. Number of Individuals Served

Please project the number of individuals that will be served in each year of funding.

Year 1 Individuals Served  
1000

Year 2 Individuals Served  
2000

Year 3 Individuals Served  
4000

Year 4 Individuals Served  
6000

Year 5 Individuals Served  
8000

Year 6 Individuals Served  
10000

### 3. Alternative Payment Methodologies

Outline any alternative payment methodologies that your proposal might utilize for receiving reimbursement for services from MCOs.

[Alternative Payment Methodologies - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

**When you're finished answering the questions on this page, click [Mark as Complete](#). An application cannot be submitted until all pages are marked as complete.**

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## 16. Sustainability

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Include a narrative that describes how your budget will decrease reliance on Transformation funding over time and how reimbursements for services and other funding sources will increase and establish sustainability over time. (i.e. how will your project continue to operate without HTC funding?)

In particular, include how services that address social determinants of health will be funded on an ongoing basis (for example, through existing payment models, alternative payment methodologies for Medicaid services, or through other funding sources).

In your narrative, highlight any key assumptions that are critical to making your project sustainable.

Provide your narrative here:

The project relies heavily on one time funding to initiate many of the services planned for the region. Significant local resources will also be invested to cover costs not expected to be funded by the Illinois Healthcare Collaborative Transformation dollars. Once the services are operating, much of the sustainability will be through payment for services.

This is a summary of sustainability for each of the 5 pillars of the project:

#### **Small Format Hospital**

- Architecture, site planning, and construction will take place in years 1-4 following approval. The hospital will open for operation in year 5. The developed pro forma shows the hospital will be profitable and self-sustaining in year 2 of operation

#### **Birth Center**

- Architecture, site planning, and construction will take place in year 1 following approval. The birth center will open for operation in year 2. The developed pro forma shows the birth center will be profitable and self-sustaining in year 2 of operation

#### **Behavioral Health Expansion**

- Architecture, site planning, and construction will take place in year 1 following approval. The new Behavioral Health Center will open for operation in year 2. The developed pro forma shows the center will be profitable and self-sustaining in year 2 of operation.

#### **Hospital at Home / Virtual Monitoring Platform**

- Once the small format hospital is operational, the ISC intends to earn revenue by obtaining CMS approval for Hospital at Home reimbursement. It will be profitable and self-sustaining in year 5 of this funding project.

#### **Rural Health Village**

- Architecture, site planning, and construction will take place in year 1 following approval. The new Rural Health Village will open in phases for operation in between years 1 & 2 once the remodel is completed in the respective areas. The developed pro forma shows the center will be profitable and self-sustaining in year 3 of operation.

In addition, the partnership is looking forward to working with the Medicaid Managed Care Organizations (MCOs) awarded contracts by the state to enter into value-based payment arrangements. Preliminary discussions have been initiated with BCBS of Illinois and Meridian MCO.

The array of services described in this project includes numerous needed services not traditionally covered by Medicaid, Medicare, or commercial health insurance payers. However, many of these same services, though not reimbursable, have been shown to decrease the overall cost of care. By entering into value-based payment arrangements, the partnership hopes to negotiate shared savings that can be used to support wellness and show a decreased total cost of care.

Value-based payment arrangements are not a new concept to the partners. Memorial Hospital Association currently participates in the Illinois Rural

Community Care Organization and is in a shared savings arrangement. The metrics achieved by the ACO in 2019 demonstrate that the ACO improved performance in most measures being reported. There are two important measures where the ACO did not show improvement – ACO 14 and 17. These are measures of providing preventive screenings to the population. The Ideal State Collaborative project seeks to target measures such as those that seek to keep the population healthy and reduce the need for expensive tertiary care services.

[Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

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